

Life Insurance Fact Finding

DATE: _____

Name: _____ DOB: _____

Address: _____ City/State _____ Zip: _____

Height: _____ Weight: _____ Mortgage Amount \$ _____

Dependent Child's Education Cost \$ _____ Aging Parent's Caregivers Cost \$ _____

Smoker Diabetic Cancer or Previous

PRODUCT: FINAL EXPENSE TERM TERM UL WHOLE LIFE

MEDICAL CONDITIONS:

MEDICATIONS:

ADDITIONAL INFORMATION: _____

LIFE INSURANCE COMPANY: _____

OWNER: First _____ Last: _____

BENEFICIARIES:

CONTINGENT:

