



Life Insurance - Client Intake Sheet

Vital Information

Gender: Male or Female *(circle one)* Status: Single or Married *(circle one)*

First Name _____ Middle Initial _____ Last Name _____

SSN _____-____-_____ DOB ____/____/____ US Citizen? Y / N *(circle one)*

Place of Birth? State _____ Height ____' ____" Weight _____ lbs.

Driver's License# _____ State Issued _____ Expiration __/__/_____

Contact Information

Address _____

City, St, Zip _____

Cell (____) _____ - _____

Hm Ph (____) _____ - _____

Wk Ph (____) _____ - _____

Email _____

Work Information

Employer / Company Name _____

Address _____

City, St, Zip _____

Main Phone (____) _____ - _____

Annual Income / Salary \$ _____ Net Worth \$ _____

Occupation _____ Job Description _____

Beneficiaries Information

Primary Beneficiary Name _____

SSN ____ - ____ - ____ DOB ____ / ____ / ____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - ____

Hm Ph (____) ____ - ____

Email _____

Contingent Beneficiary Name _____

SSN ____ - ____ - ____ DOB ____ / ____ / ____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - ____

Hm Ph (____) ____ - ____

Email _____

Contingent Beneficiary Name _____

SSN ____ - ____ - ____ DOB ____ / ____ / ____ Relationship _____

Address _____

City, St, Zip _____

Cell (____) ____ - ____

Hm Ph (____) ____ - ____

Email _____

Current Life Insurance Information (if any)

Life Insurance Company _____ Policy# _____

Amount of Death Benefit \$ _____ Year Issued _____

Type of Policy (if known): Term Life / Whole Life / IUL

Medical Questions

Have you ever used tobacco? _____ Type? cigarettes / cigars *(circle one)* Other _____

Known health issues (please list here) _____

***** NEED COPY OF DRIVER'S LICENSE & VOIDED CHECK *****

Other Information / Notes
