



Agent: _____

Date: _____

Client Worksheet

Client Information (email: _____)

Client Name _____ DOB _____ Age _____ Spouse's Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Child / Age _____ Child / Age _____ Child / Age _____ Child / Age _____ Child / Age _____

\$ _____ \$ _____

Monthly Income / Income Sources _____ Monthly Income / Income Sources _____

Medical Information

Medical Conditions (Please List): _____ Smoker? Y / N _____

Medical Conditions (Please List): _____ Smoker? Y / N _____

Medications: _____

Medications: _____

Mortgage Information

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Mortgage Balance Mortgage Payment Mortgage Term Value Equity Mortgage Date

Current Life Insurance

Company _____ \$ _____ Benefactor _____ Company _____ \$ _____ Benefactor _____
Death Benefit

Alternative Coverage _____ \$ _____ Amount _____ Alternative Coverage _____ \$ _____ Amount _____
(401K, TSP, CDs, Cash, Etc.) (401K, TSP, CDs, Cash, Etc.)

Medicare Information

Do you have a Medicare Supplement Plan? Y / N _____

Do you have a Medicare Supplement Plan? Y / N _____

Carrier _____ Plan _____ \$ _____ Premium _____

Carrier _____ Plan _____ \$ _____ Premium _____

Do you have Medicare Advantage? Y / N _____

Do you have Medicare Advantage? Y / N _____

Carrier _____ \$ _____ Premium _____

Carrier _____ \$ _____ Premium _____

Estate Planning

Do you have a Will? Y / N _____ Last Updated: _____

Do you have a Will? Y / N _____ Last Updated: _____