

Intake Questionnaire

Section 1- Insured Information

Insured's Name: _____
Last First Middle

Social Security Number: _____

Date of Birth: _____

Current Address: _____

City, State Zip Code

Current Income: _____ Current Net Worth: _____
(From Tax Return) (From Financial Statement)

Section 2 - Owner Information

Owner Structure: _____
i.e. Trust, Corporation, Partnership, etc

Tax ID Number : _____

Owner's Name: _____

Address: _____

City, State Zip Code

Contact Person: _____

Telephone: _____ Fax: _____

E-mail: _____

Comments: _____

Section 3 – Current Life insurance Policies

Policy Owner's Name: _____

Address: _____

City, State Zip Code

Insurance Agent: _____

Address: _____

City, State Zip Code

Telephone: _____ Fax: _____

E-mail: _____

Policy Beneficiary: _____

Relationship: _____

Carrier: _____

Policy Face Amount: _____

Scheduled Annual Premium: _____

Premium paid last year: _____

Policy Number: _____

(If submitting multiple policies, please complete additional pages for Section 3)

Section 4 – Submission requirements for Policy Review:

- 1) Sales Ledger
- 2) In Force Ledger at Current Premium Level
- 3) Copy of the Owner Documentation
 - a) Trust
 - b) Business Entity
- 4) hipaa authorization
- 5) broker of record letter

Insured's Signature _____ **Date** _____