

Client Fact Finder

Full Name: _____

Gender: Male Female

Date of Birth: _____ Height: _____ Weight: _____

Address: _____

Phone Number: _____

Email: _____

Occupation: _____

Annual Income: _____

Tobacco or Marijuana Use (Past 5 Years): If yes, date last used & type: _____

Are you a U.S. Citizen? Yes No — Explain: _____

Type of Coverage: Term Universal Life

IUL Whole Life Final Expense

Coverage Amount Desired: \$ _____

Premium Range: \$ _____

Monthly Quarterly Semi-Annual Annual

Hazardous Activities: _____

Foreign Travel Plans: No Yes — Where, Why, and How Long? _____

Family History:

Mother: Heart Disease Diabetes Cancer Other: _____

Age Diagnosed _____ Still Living Deceased (Age _____)

Father: Heart Disease Diabetes Cancer Other: _____

Age Diagnosed _____ Still Living Deceased (Age _____)

Brother/Sister: Heart Disease Diabetes Cancer Other: _____

Age Diagnosed _____ Still Living Deceased (Age _____)

Medical History (Last 5 Years): Include date of diagnosis and treatment:

Current Medications: Include name, spelling, reason, frequency, dosage:

Additional Notes: