

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: