

HOW MUCH LIFE INSURANCE DO I NEED?

We're here to help you determine the life insurance coverage amount that's right for you.

Our assessment can help you determine how much life insurance you may need to help with your family's immediate needs, such as funeral expenses, to their long-term need to sustain their current lifestyle.

Life insurance needs worksheet:

IMMEDIATE NEEDS

FINAL EXPENSES

Costs associated with your burial/funeral, uninsured medical costs, estate taxes/probate, etc.

\$ _____

OUTSTANDING DEBT

Mortgage/rent, car loans, credit cards, and other personal debt

+ \$ _____

LONG-TERM NEEDS

You may want to replace your income for the period of time until your children are independent, or the number of years until your spouse retires. If so, take into account the number of years your family may continue to rely on your income.

REPLACEMENT INCOME

Your annual income to be replaced: No. of years to replace income:

\$ _____ X _____ = \$ _____

EDUCATION FUND

If you have children (or plan to), life insurance can help with their future education costs

+ \$ _____

AVAILABLE ASSETS

SAVINGS AND INVESTMENTS

Bank accounts (checking/savings), money market, CDs, stocks, bonds, mutual funds, annuities, and social security survivor/child benefit

- \$ _____

RETIREMENT SAVINGS

IRAs, 401(k)s, SEP plans, SIMPLE IRA plans, Keoghs, pensions, and profit sharing plans

- \$ _____

PRESENT AMOUNT OF LIFE INSURANCE

Other group life policies through employer and/or individual life policies

- \$ _____

ESTIMATED AMOUNT OF LIFE INSURANCE NEEDED

= \$ _____

AMOUNT OF LIFE INSURANCE ACTUALLY APPLIED FOR:

\$ _____



LIFE INSURANCE INTAKE

Name: _____

Email: _____

DOB: _____ **SSN:** _____

Home Address: _____

Phone: _____ **Smoker / Non-Smoker / OTHER:** _____

DL #: _____ **State:** _____ **Exp. Date:** _____

Face Amount: _____ **Riders:** _____

Term/ UL / WL/ Other: _____ **Carrier:** _____

Product: _____ **Riders:** _____

Doctor's Name, Address, Phone #: _____

Employer: _____ **Occupation:** _____

Replacement ? YES / NO , If YES: Carrier, Type, Effective Date: _____

Beneficiaries:

Primary: _____ **Contingent:** _____

Household Income: \$ _____ **Net Worth:** \$ _____

Additional Info:
