

CLIENT SUITABILITY QUESTIONNAIRE



ADVISOR INFORMATION

Date: _____
Name: _____
Agency & Upline: _____
Address: _____ State: _____ Zip: _____
Preferred Phone: _____
Email: _____

CLIENT INFORMATION

Insured: _____
Gender: _____ Date of Birth: _____
Underwriting Classification:
☐ Preferred Plus ☐ Preferred ☐ Standard Plus ☐ Standard ☐ Table Rated

Second Insured: _____
Gender: _____ Date of Birth: _____
Underwriting Classification:
☐ Preferred Plus ☐ Preferred ☐ Standard Plus ☐ Standard ☐ Table Rated

Cash & Equivalents:	\$ _____	Occupation:	_____
Marketable Securities:	\$ _____	Net After Tax Income:	\$ _____
Real Estate:	\$ _____		
Business:	\$ _____	Important Notes about Financials:	
Qualified Plans:	\$ _____		
Other Assets:	\$ _____		
Total Net Worth:	\$ _____		

Current Inforce Life Insurance on Any Insured: ☐ Yes ☐ No

Carrier: _____ Product Type: _____

Initial Death Benefit: _____ Current Cash Surrender Value: _____

PROPOSED LIFE INSURANCE POLICY

Planning Objective/Purpose of Insurance: _____

Initial Face Amount: _____

Preferred Carrier & Product: _____

CLIENT SUITABILITY QUESTIONNAIRE



PROPOSED LIFE INSURANCE POLICY *continued*

Policy Ownership

- | | |
|---|--|
| ☐ Irrevocable Life Insurance Trust | ☐ Revocable Trust |
| ☐ Company (LLC, LLP, etc.) | ☐ Corporation |
| ☐ Special Purpose Entity/Vehicle | |

State of Issue _____

PROPOSED FINANCING ARRANGEMENT

Borrowing Situs: ☐ Trust ☐ Company/Corporation ☐ Other Source of Gap/

Source of Gap Additional Collateral (Leave blank if I.R.A.® design)

Annual Out of Pocket Cost Tolerance (to cover interest, principal reduction, etc.)

Loan Payoff and/or Retirement Income Using Variable, Declared, Fixed, Standard Policy Loans or Withdrawals

Has the Client Retained Legal & Tax Counsel? ☐ Yes ☐ No

SUBMISSION

Please electronically transmit the request to a member of our case design team.

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