

FX Client Worksheet

Agent: _____

Date: _____

Client Information

Client's Name _____

Age _____

Spouse's Name _____

Age _____

Monthly Income / Source _____

Combined Income _____

Monthly Income / Source _____

Why?

All of my client's send in the form for 1 of 3 reasons, which one are you? _____

1. You do not have any life insurance
2. You do not have enough life insurance
3. You want to leave a legacy to your children or grandchildren

Medical Information

Medication / Dosage _____

Hospitalized
10 years

Medication / Dosage _____

Hospitalized
10 Years

Medication / Dosage _____

Hospitalized
10 years

Medication / Dosage _____

Hospitalized
10 Years

Medication / Dosage _____

Hospitalized
10 years

Medication / Dosage _____

Hospitalized
10 Years

Current Life Insurance

Company / Amount / Account Number _____

Length _____

Company / Amount / Account Number _____

Length _____

Anything in Place Which May Act Like Insurance?

(Ex: 401K/TSP/CD/Annuity/Savings)

Anything in Place Which May Act Like Insurance?

(Ex: 401K/TSP/CD/Annuity/Savings)

Protection Options

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

From a Budget & Protection Standpoint, Which Option Will Work for You?

Identity theft is the #1 consumer crime in the United States. Are you protected?