

Please take a moment to identify any changes that have occurred in your life. Please check all the changes or concerns below to inform me of how we can better assist you in meeting your insurance needs and financial goals.

### Change within the family

Needs may include:

- ▶ Changes in your insurance coverage
- ▶ Beneficiary Changes/Updates
- ▶ Estate Planning/Changes
- ▶ College Funding

- New child
- New grandchild
- Change in marital status
- New job or promotion
- Retirement
- Health concerns
- Quit Smoking
- Death
- Other

### A change in what you own

Needs may include:

- ▶ Changes in your insurance coverage
- ▶ Changes to your retirement plan
- ▶ Opportunities to save taxes
- ▶ Changes or updates to your estate plan

- Purchase of home
- Sale of home
- New investment
- Acquired assets
- Sold assets
- Major investment gain
- Major investment loss
- Receipt of inheritance
- Need additional income planning
- Other

### A change in your business

Needs may include:

- ▶ Changes in your insurance coverage
- ▶ Changes to your buy/sell agreement
- ▶ Protection from loss of key employees
- ▶ Opportunities to save taxes
- ▶ Opportunities to provide executive benefits

- Start/purchase a business
- Gain/loss of business partner
- Major asset purchase/lease
- Business/executive benefits
- Business continuation
- Other

### A desire to plan for your future

Needs may include:

- ▶ Changes in your insurance coverage
- ▶ Retirement plan
- ▶ Assets
- ▶ Estate plan

- Retirement planning
- 401k Rollover
- Education funding
- Investment review
- Estate planning
- Income tax planning
- Survivor benefit planning
- Reducing taxes
- Planning for parents
- Health/long-term care planning
- Disability income planning
- Property/liability insurance
- Charitable giving
- Other

**Check this box if you have had no life changes recently.**

- There are no changes at this time.

Please Contact me to review or change the beneficiaries on my account(s).

**List any other concern, desire for advice or comment:**

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**Contact Information**

Name \_\_\_\_\_ Spouse Name (if applicable) \_\_\_\_\_

**Email (required)** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Best Time to Call:  AM  Afternoon  PM

Check here if any of your contact information has recently changed:

Mailing Address  Email  Phone Number  Name

**Additional Comments or Notes**

Birth date \_\_\_\_\_ Spouse Birth date (if applicable) \_\_\_\_\_

Anniversary (if applicable) \_\_\_\_\_

**Other important milestones you would like to share:**

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**Please include any details or specific information regarding the items you checked above:**

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**Refer a friend to me.** My friend has had major life changes and could your services.  
*Include a description of life changes if you'd like.*

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Please return this form to:

