

Life Insurance Questionnaire

Client ID #: _____

Date: _____

1. Do you own life insurance? YES NO
2. I have life insurance that is owned: PERSONALLY CORPORATELY UNSURE
3. Do any of your life insurance policy's have a 'cash value'? YES NO UNSURE
4. Do you regularly review these policies with a life insurance professional? YES NO IRREGULARY
5. What are the primary purposes or functions of your lie insurance policies (circle all that apply)?

Income Replacement

Tax Planning

Final Expenses

Business Succession

Cover off debts

Estate Bequests

Key person

Shareholder Agreement

Retirement Income

Charitable Giving

Estate Equalization

Alternative Asset Class