Fact Finder

LEGACY℠

NAME _____ D.O.B ____/____/____ AGE _____ TOBACCO YES/NO

SPOUSE _____ D.O.B ____/____/____ AGE _____ TOBACCO YES/NO

ADDRESS _____ CITY _____ S T _____ ZIP _____

PHONE (_____)_____-_____ EMAIL _____

CHILDREN AGE GRANDCHILDREN AGE

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

DO YOU MAKE YOUR OWN FINANCIAL DECISIONS? YES / NO IF NOT THEN WHO _____

NAME	HEALTH ISSUE/DIAGNOSES	PRESCRIPTIONS

MEDICAL EXPENSE / HISTORY

MANY PEOPLE ARE CONCERNED ABOUT THEIR HEALTH AND HIGH HEALTH CARE COST, WHAT TYPE OF HEALTH INSURANCE DO YOU CURRENTLY HAVE?

COMPANY _____ PLAN_____ RX_____ PREMIUM_____ SPOUSE_____ PLAN _____

RX _____

IF YOU COULD CHANGE ANYTHING ABOUT YOUR CURRENT COVERAGE WHAT WOULD IT BE? _____

DO YOU CURRENTLY HAVE A SUPPLEMENTAL CANCER OR HEART OR STROKE POLICY? YES/NO IF NO, HOW WOULD YOU PAY FOR TRAVEL, EXPERIMENTAL MEDICATION, COPAYS/DEDUCTIBLES?_____

ASSET PROTECTION

DO YOU HAVE LTC COVERAGE? YES / NO IF YES, COMPANY _____ COVERAGE_____ PREMIUM _____

HAVE YOU OR ANYONE YOU KNOW HAD A LTC EXPERIENCE? _____

WHAT IS YOUR PLAN FOR LTC EVENT? _____ DO YOU HAVE A TRUST THAT IS MEDICAID EXEMPT? YES / NO

LIFE INSURANCE

WHO IS YOU CURRENT LIFE INSURANCE WITH?

INSURED	INS. CO	FACE AMT	TYPE	CASH VAL	PREMIUM

WHAT ARE YOUR PLANS FOR YOUR LIFE INSURANCE _____

FINAL EXPENSES

DO YOU HAVE A FINAL EXPENSE POLICY OR A PRE-PAID BURIAL POLICY? YES / NO IF YES, WHICH DO YOU HAVE? _____

DO YOU HAVE A WILL OR A TRUST? WILL / TRUST HAVE YOU DONE ANY ESTATE PLANNING? YES/ NO _____

IF YES FOR WHAT PURPOSE? _____

MEDICAL EXPENSE / HISTORY

TALK TO ME ABOUT YOUR CURRENT INCOME AND EXPENSES…

INCOME

Name	Source	Amount

EXPENSES

Name	Source	Amount

AT THE END OF THE MONTH ARE YOU ABLE TO SAVE MONEY? YES / NO

IF YES, HOW MUCH? _____

WHAT VEHICLES ARE YOU CURRENTLY USING TO GROW YOUR RETIREMENT?

ACCOUNT	COMPANY	AMOUNT	SUR %	SUR AMT	R/R	Q/NQ	TYPE

ADDITIONAL INFORMATION/FOLLOW UP NOTES

WHAT ARE YOUR BIGGEST CONCERNS WITH REGARDS TO RETIREMENT?

DO YOU CONSIDER YOURSELF A RISK TAKER?

IS IT IMPORTANT TO LEAVE MONEY TO YOUR FAMILY?

☐ AFTER CONSIDERING THE PRESENTATION AND CAREFUL ASSESSMENT OF MY INSURANCE NEEDS, I AM ELECTING NOT TO APPLY FOR COVERAGE AT THIS TIME.

CLIENT SIGNATURE

DATE