

## Risk Management Review

### Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach you (Please provide a few days and times): \_\_\_\_\_

1. What was the primary objective of the original life insurance purchase?
  - a. \_\_\_ Family Protection and Income Replacement
  - b. \_\_\_ Retirement Income and Cash Accumulation for Future Needs
  - c. \_\_\_ Estate Planning, Taxes, Legacy Planning
  - d. \_\_\_ Business Planning (buy/sell, key person, executive bonus, etc.)
  
2. Is this still your main objective for this life coverage? \_\_\_ Yes \_\_\_ No  
If no, please list current objective/goal \_\_\_\_\_
  
3. How has your life changed since the original purchase?
  - a. \_\_\_ New family situation (marriage, birth of child, divorce, etc.)
  - b. \_\_\_ Change in career
  - c. \_\_\_ Change in finances: increase or decrease?
  - d. \_\_\_ Change in health: positive or negative?
  - e. \_\_\_ Other: \_\_\_\_\_
  
4. What are your thoughts/concerns about where you are today and also in the future?
  - a. Do you feel that you have the appropriate amount of coverage? \_\_\_\_\_
  - b. How long do you think you will need your coverage? \_\_\_\_\_
  - c. Are you concerned about future Long Term Care expenses? \_\_\_\_\_

#### 5. In-Force Policy Information

Carrier: \_\_\_\_\_ Policy Type\* \_\_\_\_\_ Policy # \_\_\_\_\_ Owner: \_\_\_\_\_ Face Amount \_\_\_\_\_

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\*Policy Type – Life (term, whole life, variable life, universal life), Disability or Long Term Care