



## IDENTIFY THE OPPORTUNITY

### CLIENT INFORMATION

Client / Insured Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ State of Residence: \_\_\_\_\_

Gender: M\_\_\_ F\_\_\_ Nicotine Use: Current \_\_\_ Past \_\_\_ N/A\_\_\_

If nicotine use is current indicate type used and frequency, if past indicate type used and last date of use:  
\_\_\_\_\_

Health / Underwriting Class Issued on Existing Policy: \_\_\_\_\_

Has the client had any health change since the issuance of the original policy? YES \_\_\_ NO \_\_\_ *\*If yes, please provide details below*  
\_\_\_\_\_

### EXISTING POLICY INFORMATION

Insurance Company: \_\_\_\_\_

Policy # (if available): \_\_\_\_\_ Current Death Benefit: \$ \_\_\_\_\_

(information below can be obtained from most recent annual statement)

Current Premium \$ \_\_\_\_\_ Mode: Annual \_\_\_ Semi-Annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_

Current Premium Scheduled to be Paid for: \_\_\_\_\_ (indicate # of years left to pay planned premium)

Current Case Value: \$ \_\_\_\_\_ Current Cash Surrender Value: \$ \_\_\_\_\_

### CLIENT'S CURRENT OBJECTIVES

What is the main objective client(s) is/are looking to accomplish with a new policy if recommendation to replace is deemed suitable? (check all that apply)

Lower Premiums	<input type="checkbox"/>	Guaranteed Death Benefit ( <i>Estate / Legacy Planning</i> )	<input type="checkbox"/>
Stop Premium Payments ( <i>Paid up Death Benefit</i> )	<input type="checkbox"/>	Increase Death Benefit ( <i>desired amount: \$ _____</i> )	<input type="checkbox"/>
Cash Value Accumulation ( <i>Retirement Planning</i> )	<input type="checkbox"/>	Living Benefits ( <i>Long-Term Care / Chronic Illness</i> )	<input type="checkbox"/>

Other: \_\_\_\_\_

### FINANCIAL PROFESSIONAL INFORMATION

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

Broker/Dealer Affiliation (if applicable): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this completed form to your AIMCOR affiliated agency.

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