



LIFE INSURANCE



Taking Another Look

Life Insurance Policy Review Checklist

Please fill in applicable sections of this checklist and share it with your life insurance professional — it will help you get the most from life insurance policy review.

Name: _____
 Address: _____
 Phone: _____
 Email: _____
 Best Time to be Contacted: _____
 Work Place: _____
 Work Address: _____
 Work Phone: _____

Life changes that have occurred since our last meeting:

1. Bought a new house or vacation property.

Address: _____

 Phone: _____

2. Had a new child or grandchild.

Name(s): _____

 Date(s) of Birth: _____

3. Change in marital status.

Married Divorced
 Separated Widowed

4. New employment.

Name of Company: _____
 Phone: _____
 Email: _____

5. Started a new business/planning to transition a business.

Name of Business: _____
 Phone: _____
 Type of Business: _____

6. Purchased additional insurance.

Through employer? Yes No
 Type of insurance:
 Life Insurance
 Disability Income Insurance
 Long-Term Care Insurance
 Amount of Insurance: \$ _____

7. Retirement planning:

Expected date of retirement: _____
 Does this represent a change? Yes No

8. Household Budget:

Current monthly expenses: \$ _____
 Does this represent a change? Yes No