

CLIENT INFO RECORD TEMPLATE

(For use with Mortgage Protection / Equity Protection Script)

MORTGAGE & PROPERTY DETAILS

Basic Mortgage Details

Mortgage Balance: _____

Monthly Payment: _____

Years Remaining: _____

PMI: Yes No PMI Amount: \$ _____

Property Information

Property Type: Primary Residence Second Home Rental

Who Contributes to Mortgage: _____

FAMILY & CONTINUITY

Dependents / Household Members: _____

Ages of Dependents: _____

If something happens tomorrow, what's the plan for them? _____

If the home had to go through probate, who would handle it? _____

Will / Living Trust in place? Yes No *If no:* Clean transfer important? Yes No

INCOME & CASH FLOW

Occupation: _____

Employment Status: W-2 Self-Employed Retired

Marital Status: Single Married Partnered

Spouse/Partner Employment: _____

Monthly Household Income: \$ _____

Monthly Expenses: \$ _____

Leftover After Bills: \$ _____

Additional Income Sources (rentals, bonuses, investments, etc.):

For Retired Clients

Income Sources: SS Pension Disability Annuities Investments

Monthly Amounts: _____

Leftover After Bills: \$ _____

Taxable or Tax-Free: _____

ASSETS, RETIREMENT & DEBTS

Liquid Assets (checking, savings, MMAs): \$ _____

Investment Accounts: 401(k) IRA Roth HSA

Monthly Contributions: _____

Total Vested: _____

Loans Against Retirement (past 3 years): Yes No

Impact of 20% Market Drop on Retirement: _____

Mortgage Coverage if Income Paused 6-12 Months: _____

Credit Card Debt: \$ _____

Auto: \$ _____

Student: \$ _____

Other Debts: _____

NOTES & RECAP

Client's Main Priority: Mortgage Payoff Cash Value Both

After-Bills Cash: \$ _____

Assets/Investments: \$ _____

Mortgage Balance: \$ _____

Monthly Stake In Investments: \$ _____

Comfortable Monthly Amount: \$ _____

Additional Notes / Emotional Drivers / Objections:

HEALTH, BENEFICIARY & APPLICATION

Tobacco/Nicotine Use: Yes No *Frequency:* _____

Height: _____ **Weight:** _____

Medications: _____

Major Diagnoses (last 10 years): _____

Surgeries / Hospitalizations (last 5 years): _____

Family Health (heart/cancer/stroke before 60): _____

Last Doctor Visit: _____

Primary Beneficiary: _____ **Relationship:** _____

BANKING & APPLICATION DETAILS

Bank Name: _____

Routing #: _____

Account #: _____

Draft Day: _____ **Carrier Name:** _____

Monthly Draft Amount: \$ _____

Policy Number: _____ **Effective Date:** _____

 ***End of Discovery Section – Proceed to Policy Structuring & Presentation***