

Life events checklist

Have your needs changed?

A periodic review and analysis of your life insurance needs is an important part of your financial protection. Have your needs changed since purchasing the policy? Is the policy still performing according to expectations and meeting financial goals? To determine how to help meet your financial goals, please complete the form below.

Common life events

- | | | |
|---|--|---|
| <input type="checkbox"/> New child or grandchild | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Death of family member |
| <input type="checkbox"/> New job or promotion | <input type="checkbox"/> Change in estate plan | <input type="checkbox"/> New investments |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Sale or purchase of home | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Major investment gain/loss | <input type="checkbox"/> Start/purchase a business | <input type="checkbox"/> Gain/lost business partner |
| <input type="checkbox"/> Health concerns | | <input type="checkbox"/> Sold or acquired assets |

Areas of interest or concern

- | | | |
|--|--|--|
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> College funding | <input type="checkbox"/> Survivor benefit planning |
| <input type="checkbox"/> Estate planning | <input type="checkbox"/> Planning for parents | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Business/executive benefits | <input type="checkbox"/> Business continuation | |

Additional comments and notes:

Contact information:

Name: _____ Address: _____

Phone: _____ Best time to call: _____

Email: _____