Life Insurance...Custom Quick Quote Sheet.

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An incomplete form may produce delayed or inaccurate quotes. Red Fields are required.

Name:	Date of Birth:	//
Name: Email: Email:	 Mail	phone
Address to use:		
	Phone:	(hm orwk)
Reason for Insurance:		
Personal: Mark all that apply.	Business: Mark al	ll that apply
 Income replacement 	o Keyman	
o Final expenses	o Cover loan	
 Estate preservation or cover 		stock redemption
loans o Divorce decree requirements	O Otner	uning
o Other	i Trust. Estate Fran	iiiiig.
Who suggested coverage? Self CPA	Planner Partner Co-worl	zar Spousa
Personal Gross annual income: Est. Curren Employee Company		bonus
BusinessOwner/Sharehold	er (If yes type of business)
Estimated Height:Estimated W	eight:	
Tobacco Status:YesNoNe		
	If yes type and frequency _	
Meds taken in the last 5 years (dosage/why):		
Major Medical Conditions:		
Current Coverage?Yes orNo.		
Group Plan \$		
Individual Policy \$		
<u>Time Deadline for quote delivery:</u> By:/		
Amount of Coverage desired: \$	Premium Budget: \$	/month
(Not sure? See website for life insurance	· ·	
Time Period you wish to hold coverage	years	
Type of Coverage Sought: • Level Term: Year Level 1 st choice	2 nd choice (5 10 1)	5 20 20 year level)
□ Whole Life: Age by which you desire it to	2), 20, 30 year level)
 Universal Life: Guaranteed death benefit 		
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For better and more accurate plan design answer as much as you can from the following page. This is not required but suggested. Answer as much as you can.

1.	<u>Pr</u>	ioritize "I want a life insurance policy with"	•		
		Lowest premium avail.		Flexibility	
		Highly rated carrier.		Most cash return	
2.	Y	ou currently (mark all that apply)			
		Fully fund your retirement (i.e. 401k, IRA)			
		Have mostly non-liquid assets like real estate.			
		Have mostly somewhat liquid assets or well dive	ersif	ied.	
		You own your home with or without a mortgage			
3.	Fa	mily Status (mark all that apply).			
		Married		Divorced	
		Significant Partner		Dependant children	
		Single		Dependant family member	
4.	Er	<u>nployment</u>			
		Stable in my employment		May consider a job change.	
		Somewhat unstable since industry		May consider starting my own	
		has layoffs		business.	
		Business has economic swings.			
5.		ark those which apply			
		Hazardous job, sport or hobby		Many speeding tickets.	
		Travel Overseas often		Bankruptcy	
		Military			
6.	"N	Ay financial decisions are affected by" (rank	thos		
		Tax reasons		The economy	
		Desire of spouse/partner		Always trying to think ahead	
		How it may enhance other things I		Reacting to what happened	
		am doing.		yesterday	
		Only do what my advisors tell me			
7.	"I want coverage to" (which two most describe you)				
	mostly to cover my working years, but have some coverage for later in life.				
	□ Only to cover my working years.				
		Be available for a set term of years.			
_		Be for a set term of years but also maybe availab		•	
8.	"V	When it comes to insurance I get my information	n fr		
		A relative or friend		Various sources	
		Planning books, magazines, etc.		Other	
•	□ A Planner				
9.					
		take my time			
		lots of informationmore the better		anti ann	
		like them to narrow the field and make specific s		estions.	
		I make my own decision with the data provided.			
10		I know what I wantmove as fast as I can.			
10		Vhen I work with someone I like" To be contacted		Dhana	
				Phone US Mail	
		Contact them only		US Ivian	
□ Email					
11.		f there was one thing I fear most in my finances			
		under funded retirement		loss of income (disability or fired) took too much risk	
		bankruptcy			
		not prepared for a realistic risk		didn't take enough risk	