



### Requestor Information

1. Name \_\_\_\_\_
2. Affiliated Office \_\_\_\_\_
3. Work (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

### Client Information

4. Name \_\_\_\_\_
5. Estimated Net Worth (without life insurance) \$ \_\_\_\_\_
6. Current Life Insurance Death Benefit: Term \$ \_\_\_\_\_ Permanent \$ \_\_\_\_\_

### Planning Information

7. Describe the nature and length of your relationship with the client and the client's advisor(s) (e.g., attorney): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe any barriers or special circumstances (e.g., competition, objections, family issues): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe any strategies or planning concepts that have been discussed with the client and the client's advisor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Objectives

1. Describe Client's **ESTATE DISTRIBUTION/TAXATION** Objectives: \_\_\_\_\_

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2. Describe Client's **ESTATE EQUALIZATION** Objectives: \_\_\_\_\_

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3. Describe Client's **ASSET SHIFTING** Objectives: \_\_\_\_\_

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4. Describe Client's **ASSET PROTECTION** Objectives: \_\_\_\_\_

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5. Describe Client's **SURVIVOR INCOME** Objectives: \_\_\_\_\_

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6. Describe Client's **CHARITABLE GIVING** Objectives: \_\_\_\_\_

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7. Describe Client's **BUSINESS SUCCESSION/DISPOSITION/CONTROL** Objectives: \_\_\_\_\_

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