CAROLINA
SENIOR MARKETING

NEW CLIENT – NEED ANALYSIS INTAKE

Agent Name: ____ Date: _____ / _____ /_____

INTRO: *"Before we talk about any plans, I'd love to learn a little more about you and where you're at today. My job is to make sure nothing falls through the cracks, not just your coverage but your whole picture. Do you mind if I ask you a few questions first?"*

Client Name: ____ Date of Birth: _____ /_____ /_____

Spouse/Partner: ______________________________ City/State: ______________________________

Email: ____ Phone: ________________________________

LEGACY PLANNING: *"Tell me: do you have any life insurance in place right now, or is that something you've thought about over the years?"*

☐ Term Life ☐ Whole Life ☐ Universal Life ☐ Final Expense/Burial ☐ None/Unsure

Carrier/Company: __________________________________ Monthly Premium: $______________

"Do you have any dependents on your coverage, such as a spouse or children?"

____

SAVINGS, RETIREMENT, & ASSETS: *"A lot of my clients have savings set aside in separate places, like annuities or a 401k, without revisiting. What might you have?"*

☐ CD/Savings ☐ Fixed Annuity ☐ Variable Annuity ☐ 401k/IRA/Roth ☐ Pension ☐ N/A

"Who do you typically turn to with a financial question or a big decision to make?"

____

PROTECTION GAPS: *"There are a few things Medicare doesn't pick up that can really catch people off guard. Let me ask about a few of them."*

☐ Cancer/Critical Illness Policy — Carrier: ____

☐ Hospital Indemnity Plan — Carrier: ____

☐ Long-Term Care Insurance — Carrier/Daily Benefit: ________________________________

☐ Short-Term Home Health — Carrier: ____

CLOSING: *"If I could show you one area where you might have a gap, something most people don't realize until it's too late, would you want to know about it?"*

Agent Notes: ____

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Follow-up Date: _____ / _____ /______ Time:________ Best Way to Reach: __________________

I understand the above information will be used to help assess my needs and I confirm this conversation was conducted in good faith.

Client Signature:____ Date: _____ / _____ /_____