Have you Insured Your Money Machine?

The Money Machine!

Insure Your Assets!

- **You Insure your Cars!**
- **Your Insure your personal belongings!**
- **You Insure your Home!**
- **Have you Insured your most valuable Asset?**
- **Your Money Machine?**
- **What is the Money Machine?**

You are the money machine!

“ What will you do if ”

The Money Machine Stopped?

You and your family are depending on your ability to provide the financial support to pay for;

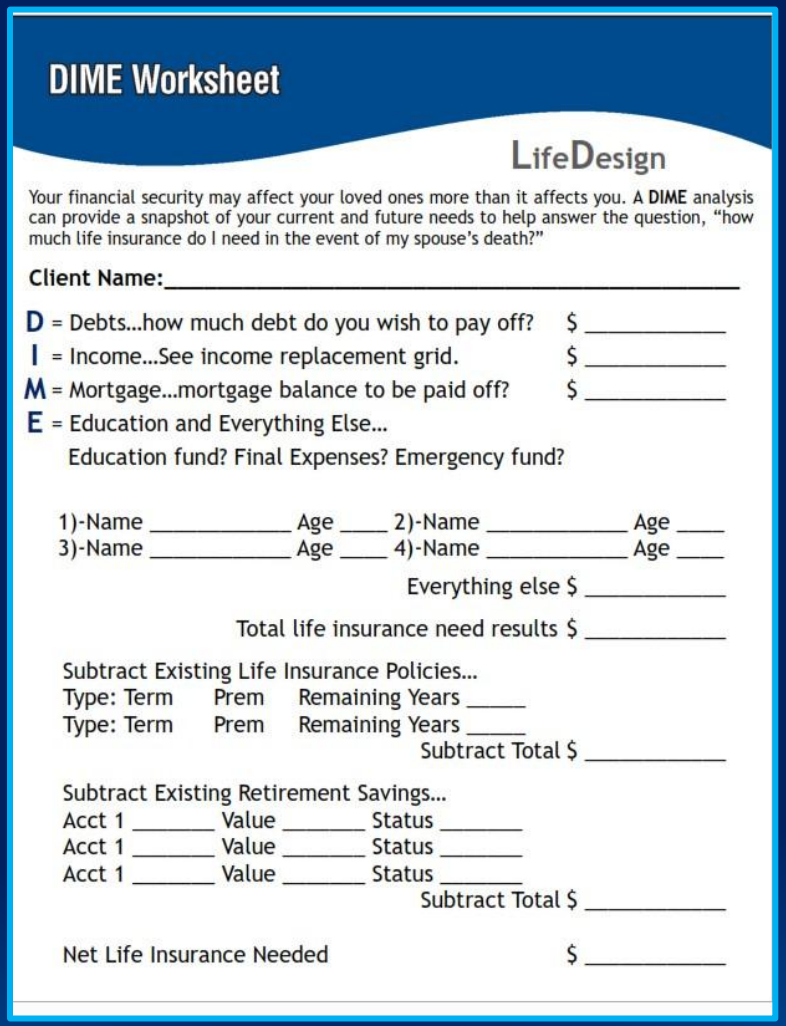
- ✓ Utility bills
- ✓ Groceries
- ✓ Mortgage
- ✓ Credit Cards
- ✓ Installment Loans
- ✓ And many other financial needs.

Insure your Money Machine!

- There are many ways to determine how to protect you and your family in the event the money machine breaks down!
- Step 1. Determine how much financial protection will be required?
- Step 2. Qualification and Implementation.
- Step 3. Budget How much you are willing to pay to insure your Money Machine.

Step 1 " How much Financial Protection?

- Complete a Financial Needs Assessment



DIME Worksheet

LifeDesign

Your financial security may affect your loved ones more than it affects you. A **DIME** analysis can provide a snapshot of your current and future needs to help answer the question, "how much life insurance do I need in the event of my spouse's death?"

Client Name:_____

D = Debts...how much debt do you wish to pay off? $ _____

I = Income...See income replacement grid. $ _____

M = Mortgage...mortgage balance to be paid off? $ _____

E = Education and Everything Else...

Education fund? Final Expenses? Emergency fund?

1)-Name _____ Age ____ 2)-Name _____ Age ____
3)-Name _____ Age ____ 4)-Name _____ Age ____

Everything else $ _____

Total life insurance need results $ _____

Subtract Existing Life Insurance Policies...
Type: Term Prem Remaining Years _____
Type: Term Prem Remaining Years _____

Subtract Total $ _____

Subtract Existing Retirement Savings...
Acct 1 _____ Value _____ Status _____
Acct 1 _____ Value _____ Status _____
Acct 1 _____ Value _____ Status _____

Subtract Total $ _____

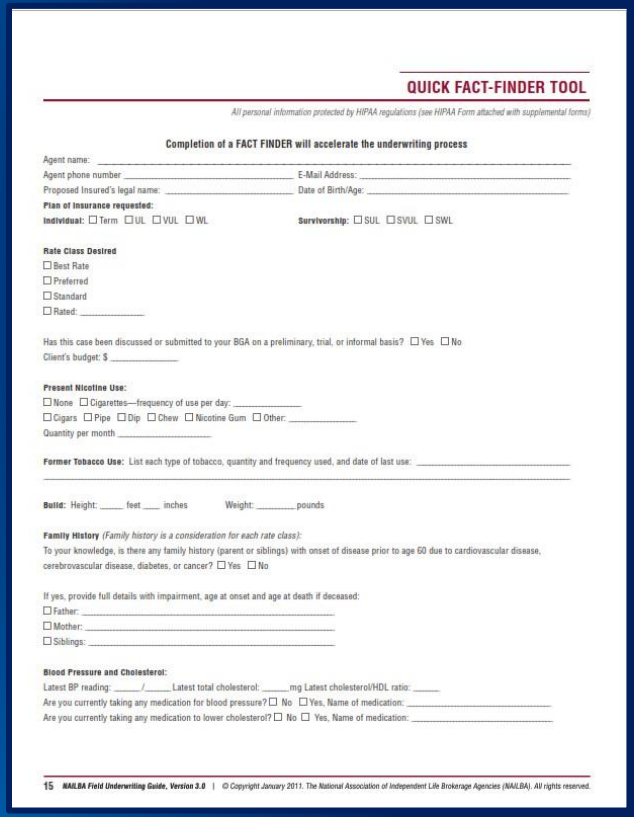
Net Life Insurance Needed $ _____

Step 2. Budget How much you are willing to pay to insure your Money Machine.

- Based on what we have discussed, what are you willing to pay to insure your Money Machine?
- If we can develop a plan that will meet your budget, are you prepared to implement your plan?

Step 3. Qualification and Implementation.

- The next step is to pre-qualify you by completing a health assessment.



QUICK FACT-FINDER TOOL

All personal information protected by HIPAA regulations (see HIPAA Form attached with supplemental forms)

Completion of a FACT FINDER will accelerate the underwriting process

Agent name: _____

Agent phone number _____ E-Mail Address: _____

Proposed Insured's legal name: _____ Date of Birth/Age: _____

Plan of Insurance requested:

Individual: ☐ Term ☐ UL ☐ VUL ☐ WL **Survivorship:** ☐ SUL ☐ SVUL ☐ SWL

Rate Class Desired

☐ Best Rate
☐ Preferred
☐ Standard
☐ Rated: _____

Has this case been discussed or submitted to your BGA on a preliminary, trial, or informal basis? ☐ Yes ☐ No
Client's budget: $ _____

Present Nicotine Use:

☐ None ☐ Cigarettes—frequency of use per day: _____
☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other: _____
Quantity per month _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use: _____

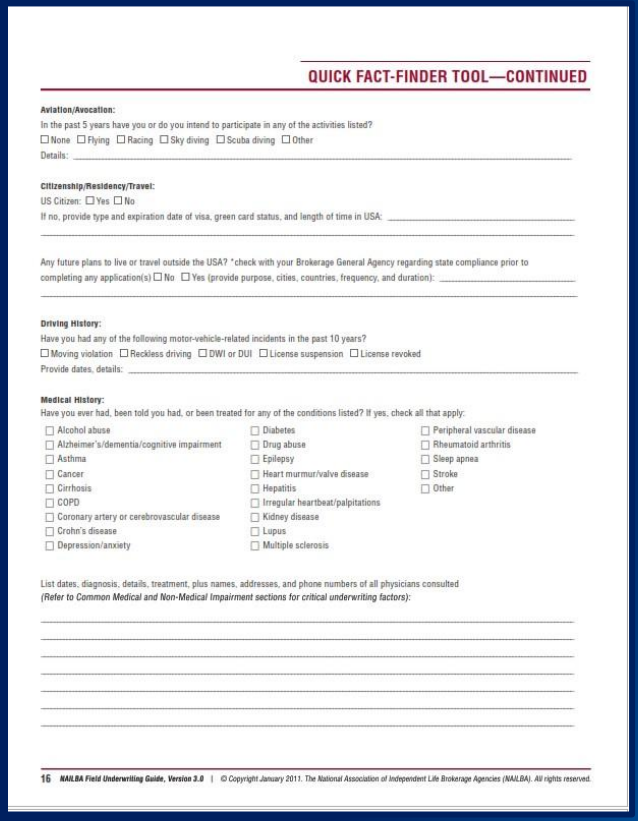
Build: Height: _____ feet ____ inches Weight: _____ pounds

Family History *(Family history is a consideration for each rate class):*
To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer? ☐ Yes ☐ No

If yes, provide full details with impairment, age at onset and age at death if deceased:
☐ Father: _____
☐ Mother: _____
☐ Siblings: _____

Blood Pressure and Cholesterol:

Latest BP reading: _____/_____ Latest total cholesterol: _____mg Latest cholesterol/HDL ratio: _____
Are you currently taking any medication for blood pressure? ☐ No ☐ Yes, Name of medication: _____
Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes, Name of medication: _____



QUICK FACT-FINDER TOOL—CONTINUED

Aviation/Avocation:
In the past 5 years have you or do you intend to participate in any of the activities listed?
☐ None ☐ Flying ☐ Racing ☐ Sky diving ☐ Scuba diving ☐ Other
Details: _____

Citizenship/Residency/Travel:
US Citizen: ☐ Yes ☐ No
If no, provide type and expiration date of visa, green card status, and length of time in USA: _____

Any future plans to live or travel outside the USA? *check with your Brokerage General Agency regarding state compliance prior to completing any application(s) ☐ No ☐ Yes (provide purpose, cities, countries, frequency, and duration): _____

Driving History:
Have you had any of the following motor-vehicle-related incidents in the past 10 years?
☐ Moving violation ☐ Reckless driving ☐ DWI or DUI ☐ License suspension ☐ License revoked
Provide dates, details: _____

Medical History:
Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

☐ Alcohol abuse	☐ Diabetes	☐ Peripheral vascular disease
☐ Alzheimer's/dementia/cognitive impairment	☐ Drug abuse	☐ Rheumatoid arthritis
☐ Asthma	☐ Epilepsy	☐ Sleep apnea
☐ Cancer	☐ Heart murmur/valve disease	☐ Stroke
☐ Cirrhosis	☐ Hepatitis	☐ Other
☐ COPD	☐ Irregular heartbeat/palpitations	
☐ Coronary artery or cerebrovascular disease	☐ Kidney disease	
☐ Crohn's disease	☐ Lupus	
☐ Depression/anxiety	☐ Multiple sclerosis	

List dates, diagnosis, details, treatment, plus names, addresses, and phone numbers of all physicians consulted
(Refer to Common Medical and Non-Medical Impairment sections for critical underwriting factors):

_____
_____
_____
_____
_____
_____
_____

Step 3. Qualification and Implementation.

- Congratulations on your decision to secure your families financial security!
- The last step is to put your plan in action!

Ask for Referrals

Prospect Name	Telephone	Address	Email address
Notes:			

Prospect Name	Telephone	Address	Email address
Notes:			

Prospect Name	Telephone	Address	Email address
Notes:			

Prospect Name	Telephone	Address	Email address
Notes:			

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Notes:			

Thank You!