

# The Life Insurance Score Card

Submit To:

Client Name(s):

Telephone:

E-mail Address:

What is your current total life insurance value?	Self:	Spouse
How much will be needed at death to meet your immediate obligations?		
Funeral Expenses	Self:	Spouse:
Loans (e.g. Car, School)	Self:	Spouse:
Credit Cards/Line of Credit	Self:	Spouse:
Mortgage Debt?	Self:	Spouse:
Education Funding	Self:	Spouse:
Emergencies	Self:	Spouse:
How much income is needed to sustain your survivors?		
Annual Income Needed After Tax?	Self	Spouse:
For How Many Years?	Self	Spouse:
Current Financial Assets to Assist in Loss of Income.		
What is your home value?		
Mortgage Debt?	Self:	Spouse:
Education Funding	Self:	Spouse:
Emergencies	Self:	Spouse: