

ASSET MAXIMIZATION COVER LETTER WORKSHEET

Client Name: _____ Date of Birth: _____

Personal Financial Information

Liquid Assets:

Cash: _____

Mutual Funds: _____

Stocks: _____

Bonds: _____

IRA/Qualified Plan: _____

Annuities: _____

Primary Residence Home Value: _____

Total Assets: _____

Liabilities: _____

Net Worth: _____

Personal Income: _____

Maximum Face Amount Guidelines

Asset Value (Liquid Assets + Primary Residence): _____

Maximum Face (Asset Value x 50% less inforce coverage): _____

Purpose of Coverage:

Proposed Insured's Existing Insurance

Proposed Insured Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

Spouse Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

Survivorship/Second to Die:

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

Additional Comments: