

TELESALES INTAKE FORM

(To be used with The Money Script @ lifeagenttools.com)

1. Date of Presentation:

2. Name (As on ID):

3. Reason for Insurance (Circle all that apply):

Final Expenses (Cremation / Burial) Income Replacement Legacy Purposes

4. Current Coverage / Savings to Cover Expenses (Circle all that apply):

Existing Life Insurance Policy Investments / Savings No Coverage

5. Email:

6. Income Source (Circle all that apply):

Employment Social Security Disability Pension No Income

7. BENEFICIARY

Beneficiary Name Relation Date of Birth Phone# (Collect during application)

8. Date of Birth / Age:

9. US Citizen / Resident? *Y / N* **City and State of Birth?**

10. Tobacco User: *Y / N* **11. Height:** **Weight:**

12. HEALTH CONDITIONS & MEDICATIONS

Health Condition What year were you diagnosed/cured? What Medications? Year of First / Last Fill

13. Background (Circle all that apply): *DUI / Felony / Incarcerated / Parole / Lic. Suspension?*

If YES, Date of:

14. Monthly Income: \$ _____

15. Banking Type: *Credit Union / Bank / Direct Express Card / Debit Card*

GENERAL INFO

Phone#

Address:

Social Security#:

Driver's License/ID State/#:

Mother's Maiden Name:

Years at Current Address: Prior zip if asked:

Employer / Occupation:

Physician / Clinic:

Date Last Seen:

Physician Phone#:

BANK ACCOUNT INFORMATION

Bank Name:

Bank Routing#:

Bank Account#:

Only record card info if client does NOT have a bank account

Card#:

Card Expiration Date:

3 Digit CVC#:

POLICY DETAILS

Plan Type:

Notes

Company:

Mo. Premium:

Policy#:

Effective Date:

Coverage:

Mo. Draft Day:

Policy Summary Sent
Date:

Survey Sent
Date:

Beneficiary / Referrals Contacted
Date: