Life Insurance Needs Questionnaire

Jay Nemnich | Life Insurance Broker | Symmetry Financial Group

Please complete what you can. Estimates are fine. Leave any item blank if you prefer to discuss it by phone.

1. CLIENT & CONTACT INFORMATION

Full legal name

Preferred name

Date of birth

Age

State

ZIP

Phone

Email

Best time to contact

Preferred contact ☐ Phone ☐ Text ☐ Email

Occupation

Employer / Business

Marital / partner status ☐ Single ☐ Married/Partnered ☐ Other

2. FAMILY & DEPENDENTS

Spouse / partner name

Spouse / partner age

Number of dependent children

Children's ages

Other dependents / anyone financially relying on you

3. YOUR PRIMARY GOALS

☐ Replace household income

☐ Pay off mortgage

☐ Pay other debts

☐ Fund children's education

☐ Final expenses

☐ Leave a legacy / inheritance

☐ Protect business / self-employed income

☐ Other

Other goal / notes

Financial Needs

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Income replacement, debts, mortgage and future obligations

4. INCOME REPLACEMENT

Your annual gross income $ _____

Spouse/partner annual income $ _____

How many years should your income be replaced? _____

Annual income needed $ _____

Annual replacement cost for unpaid caregiving / home services $ _____

5. MORTGAGE & DEBTS

+ Mortgage balance $ _____

+ Home equity / other secured loan balance $ _____

+ Auto / recreational vehicle loans $ _____

+ Credit cards / personal loans $ _____

+ Student loans / other debts you want covered $ _____

Should the mortgage be fully paid off at death? ☐ Yes ☐ No ☐ Partially

6. FINAL EXPENSES & EMERGENCY FUND

Funeral / final expenses $ _____

Emergency / transition fund $ _____

Other immediate cash needs $ _____

Future Needs & Existing Resources

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Include only resources you expect would actually be available to your family.

7. EDUCATION, FAMILY & LEGACY GOALS

College / education funding goal $ _____ Children covered _____

Special-needs / dependent care funding $ _____

Legacy / charitable gift goal $ _____

Other future obligation $ _____

8. EXISTING LIFE INSURANCE

Employer-provided life insurance $ _____

Personally owned term life insurance $ _____

Permanent / whole / universal life insurance $ _____

Other life insurance $ _____

Existing policy notes (carrier, term end date, etc.)

9. SAVINGS & ASSETS AVAILABLE FOR THESE NEEDS

Cash / savings specifically available to survivors $ _____

Investments specifically available to survivors $ _____

Other assets you want included $ _____

Self-Employed / Business Owner Supplement

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Complete this section if you own a business, are self-employed, or your family depends on business income.

10. BUSINESS INFORMATION

Business name _____ Years in business _____

Annual business income attributable to you $ _____

Business debt you personally guarantee $ _____

Amount needed to replace you / hire a replacement $ _____

Estimated buy-sell / ownership interest funding need $ _____

- ☐ Key-person coverage may be needed
- ☐ Buy-sell funding may be needed
- ☐ Business debt payoff is a priority
- ☐ Family depends on business income

11. COVERAGE PREFERENCES

Monthly premium range you are comfortable considering $ _____

- ☐ Term coverage
- ☐ Permanent coverage
- ☐ Not sure - show me options

How long do you expect to need the largest amount of protection? _____

What matters most?

- ☐ Lowest cost
- ☐ Flexibility
- ☐ Lifetime protection

Additional notes / concerns

Estimated Life Insurance Need

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Use this worksheet with your agent to turn your answers into a working coverage target.

12. NEEDS ANALYSIS WORKSHEET

+ Income replacement need (annual need x years)	$
+ Mortgage balance	$
+ Other personal debts	$
+ Final expenses + emergency / transition fund	$
+ Education / dependent care goals	$
+ Legacy / other future goals	$
+ Business obligations, if applicable	$
TOTAL FINANCIAL NEEDS	$
- Existing life insurance	$
ESTIMATED ADDITIONAL LIFE INSURANCE NEED	$

13. BENEFICIARY & FOLLOW-UP INFORMATION

Primary intended beneficiary

Relationship

Best day/time for review appointment

- ☐ Phone call
- ☐ Video meeting
- ☐ In-person meeting

IMPORTANT

This worksheet is for educational needs-analysis purposes only. It is not an application for insurance, an offer of coverage, a quote, tax/legal advice, or a guarantee that any particular amount or product is appropriate. Final recommendations should consider affordability, underwriting, policy terms and your complete financial situation. Do not enter Social Security numbers, bank information, or medical details here.