

Insurance Client Questionnaire

Wealth Legacy Group® , Inc.

Today's Date: _____ Client Name: _____

Policy #1

| | |
|--------------------------|--|
| Insurance Carrier: | |
| Policy Type: | |
| Name of Insured: | |
| Policy Number: | |
| Policy Owner: | |
| Face Amount: | |
| Annual Premium: | |
| Cash Surrender Value: | |
| Primary Beneficiary: | |
| Alternative Beneficiary: | |

Policy #2

| | |
|--------------------------|--|
| Insurance Carrier: | |
| Policy Type: | |
| Name of Insured: | |
| Policy Number: | |
| Policy Owner: | |
| Face Amount: | |
| Annual Premium: | |
| Cash Surrender Value: | |
| Primary Beneficiary: | |
| Alternative Beneficiary: | |

Policy #3

| | |
|--------------------------|--|
| Insurance Carrier: | |
| Policy Type: | |
| Name of Insured: | |
| Policy Number: | |
| Policy Owner: | |
| Face Amount: | |
| Annual Premium: | |
| Cash Surrender Value: | |
| Primary Beneficiary: | |
| Alternative Beneficiary: | |

Policy #4

| | |
|--------------------------|--|
| Insurance Carrier: | |
| Policy Type: | |
| Name of Insured: | |
| Policy Number: | |
| Policy Owner: | |
| Face Amount: | |
| Annual Premium: | |
| Cash Surrender Value: | |
| Primary Beneficiary: | |
| Alternative Beneficiary: | |

*****Please provide a copy of your insurance contracts*****

Notes:
