Insurance Client Questionnaire Wealth Legacy Group®, Inc. Today's Date: _____ Client Name: _____ Policy #1 Policy #2 Insurance Carrier: Insurance Carrier: Policy Type: Policy Type: Name of Insured: Name of Insured: **Policy Number: Policy Number:** Policy Owner: Policy Owner: Face Amount: Face Amount: Annual Premium: Annual Premium: Cash Surrender Cash Surrender Value: Value: **Primary** Primary Beneficiary: Beneficiary: Alternative Alternative Beneficiary: Beneficiary: Policy #3 Policy #4 Insurance Carrier: Insurance Carrier: Policy Type: Policy Type: Name of Insured: Name of Insured: Policy Number: **Policy Number: Policy Owner:** Policy Owner: Face Amount: Face Amount: **Annual Premium:** Annual Premium: Cash Surrender Cash Surrender Value: Value: **Primary Primary** Beneficiary: Beneficiary: Alternative Alternative Beneficiary: Beneficiary: ***Please provide a copy of your insurance contracts ***

Notes: