

# 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:

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