

FAMILY FIRST LIFE MORTGAGE PROTECTION

MORTGAGE INFO

Loan Balance:

Home Value:

Equity:

Monthly Payments:

Loan | Title | Trust

Purchase or Refinance

Term: 15 20 30 Other _____

Interest Rate:

Years of Residence:

Extra Payments: Yes or No _____

CLIENT PROFILE

Name:

Age/DOB: Smoker: Y / N

Occupation:

Monthly Income:

Life Insurance

401K/IRA/Stock/Managed Accts:

CLIENT PROFILE

Name:

Age/DOB: Smoker: Y / N

Occupation:

Monthly Income:

Life Insurance

401K/IRA/Stock/Managed Accts:

HEART - Attack, Stroke, Cardiomyopathy, Congestive Heart Failure, Stents, Bypass, AFib, Angioplasty, Angina, Heart Valve Disease, Heart Failure or Disease

LIVER - Cirrhosis, Hepatitis A B or C, or Liver Failure

MISC - High Blood Pressure, Cholesterol, (Diabetes - Pills / Insulin / Neuropathy / Diabetic Coma / Insulin Shock / Amputation), Tumors, Cancer, Pain Meds, Lupus, Parkinsons, Anxiety, Depression

KNOCKOUTS - Alzheimer, Dementia, ALS, Terminal Illness, Dialysis, HIV/AIDS, Organ Failure, Assisted Living Facility, Hospice, Organ Transplant, Confined In Wheelchair Or Hospital Bed

LUNGS - Asthma, COPD, Emphysema

KIDNEY - Chronic Kidney Disease, Kidney Failure

MEDICAL UNDERWRITING

Prescriptions, Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

DOB:

Relationship to Insured:

MEDICAL UNDERWRITING

Prescriptions, Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

DOB:

Relationship to Insured: