

Needs Analysis Worksheet Life Insurance

Financial Professional Information _____ Email___ Name **Client Information** Covered Lives ☐ Single ☐ Joint **Proposed Insured Second Insured (if applicable)** First name Last name DOB_____Insurable age_____ DOB_____Insurable age_____ Sex □ M □ F Sex □ M □ F State of issue **Product Information** Product type ☐ Term ☐ Permanent Will this include a 1035 exchange? ☐ Yes ☐ No If yes: Cash surrender value \$_____ *Is the old product a Modified Endowment Contract (MEC)? ☐ Yes ☐ No Is the old product in its surrender period? \Box Yes \Box No Primary purpose for life insurance (select one) ☐ Protection ☐ Distributions ☐ Cash value Solve for ☐ Death Benefit ☐ Premium ☐ Income ☐ Long Term Care Benefit ☐ Other _____ or Other (explain)___ Amount \$___ Time horizon (e.g., life expectancy, length of income replacement needed, or expected first withdrawal date) □ <5 years □ 5-10 years □ 11-15 years □ 16-20 years □ 21-30 years □ >30 years □ Client did not provide Potential riders Death benefit type ☐ Fixed ■ Increasing LTC enhancement desired Yes ■ No Disability waiver of premium desired Yes ■ No Other _____



Financial Information (Owner or Trust Grantor)

Annual income \$		☐ Client did no	ot provide					
Total assets \$		☐ Client did no	ot provide	Liquid		%	☐ Client did not provide	
Total debts \$		☐ Client did not provide						
	Debt 1				Debt	2		
Debt type								
Debt outstanding balance	\$			\$				
Length years remaining								
	Debt 3				Debt	Debt 4		
Debt type								
Debt outstanding balance	\$			\$				
Length years remaining								
*Annual lifestyle expenses \$ □ Client did not provide								
*Liquid net worth \$			☐ Client did not provide					
*Tax bracket	*Risk tolerand	*Financial experience						
□ 0–12%	☐ Conservative		Mutual funds		☐ Yes	☐ No	☐ Client did not provide	
□ 13–24%	☐ Moderately conservative		Annuities		☐ Yes	☐ No	☐ Client did not provide	
□ 25–32%	☐ Moderate		Equities		☐ Yes	☐ No	☐ Client did not provide	
☐ Over 33%	☐ Moderately aggressive		Life insura	ince	☐ Yes	☐ No	☐ Client did not provide	
☐ Client did not provide	□ Aggressive							
	☐ Client did not provide							
Underwriting and Ownership								
Anticipated underwriting class \square Preferred nonsmoker \square Standard nonsmoker \square Standard smoker \square Table rated								
Additional information on rating								
Ownership								

Reminder Regarding New York Recommendations: Before any recommendation is made to a consumer you should make sure a) the consumer understands the non-guaranteed elements of the policy and is willing to accept them, and b) you have completed all carrier required training.

By utilizing in any way the wholesale services provided by Crump in making a recommendation to a New York consumer, you agree to comply with all of the requirements of New York Regulation 187 applicable to producers, and agree to hold Crump harmless for any potential liability related to your failure to comply with applicable law.



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^{*} In New York: Not required for term insurance; may be required before taking an application for permanent insurance. Recommended in all states.