



**WELLINGTON
CAPITAL RESERVE**
Helping You Become Your Own Banker

**COVER LETTER
CARRIER
AGENT & WRITING NO.**

What is the specific need for insurance ?
How was coverage amount determined ?
Is there existing life insurance in force ?
What is their career background ?
What is their general health status ?
How did you meet how well do you know them ?

DATE

TO BE COMPLETED BY CLIENT:

| | | | |
|------------------------|-------------|--------------|------------------|
| N1: | DOB: | Cell: | Relation: |
| Email: | Occupation: | Income: | Employer: |
| N2: | DOB: | Cell: | Relation: |
| Email: | Occupation: | Income: | Employer: |
| Name: | DOB: | School: | Relation: |
| Name: | DOB: | School: | Relation: |
| Name: | DOB: | School: | Relation: |
| Name: | DOB: | School: | Relation: |
| Address: | | City/St/Zip: | |
| Qualified Accounts | | | TOTAL |
| Non-Qualified Accounts | | | TOTAL |
| Liabilities | | | TOTAL |
| Net Worth | | | TOTAL |
| Total Initial Deposit | Frequency | | Recurring Amount |
| Future Expenses | | | |

TO BE COMPLETED BY ADVISOR:

BACKGROUND

OBSERVATIONS

TRAINING PROVIDED

PRIORITIZED VULNERABILITIES

SOLUTION

WITHIN UNDERWRITING GUIDELINES