

# INSURANCE REVIEW FORM

Client:

Agent:

Date:

The following insurance coverages were reviewed with me on the dates indicated.

The outcome of the review and the action to be taken by me and/or my financial representative/agent are the following:

Review Steps	Life Insurance	Disability Insurance	Long-Term Insurance	Other	To be done by: C = Client A = Agent	Target Date	Date Completed
Review current coverage							
Obtain insurance proposal							
Check employer plan							
Review at future date							
Discuss proposal obtained							
Modify proposal obtained							
Accept proposal							
Decline proposal (Client please initial box and sign below)							
Additional info needed							

Notes:

I acknowledge that I have declined to accept or apply for the insurance coverage indicated above.

Client signature

Date

Spouse/partner signature

Date