



**SMITHSON  
INSURANCE  
SERVICES**

*Life Insurance,  
Long Term Care & Disability,  
Group & Individual,  
Medical, Dental & Vision,  
Medicare & Part D Rx Plans  
Annuities*

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**LIFE INSURANCE QUESTIONNAIRE**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Smoker:  Yes  No

Insurance Amount: \_\_\_\_\_

Insurance Type: \_\_\_\_\_

Please list illness'

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of treatment was administered?

surgery month/year: \_\_\_\_\_

medication (list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other illness or impairment.

\_\_\_\_\_  
\_\_\_\_\_

Please list all medications currently being taken.

\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIFE INSURANCE NEEDS ASSESSMENT**

If you were to die today, would your family have the money it will need to maintain it's current standard of living? What bills would you want them to pay?

	<b>PROSPECT</b>	<b>SPOUSE</b>
FINAL EXPENSE/BURIAL FUND?	_____	_____
MORTGAGE PAYMENT FUND?	_____	_____
DEBT PAYMENT FUND?	_____	_____
EDUCATION FUND?	_____	_____
OTHER/EMERGENCY FUND?	_____	_____
OTHER IMMEDIATE CASH NEEDS?	_____	_____
<b>TOTAL IMMEDIATE NEEDS?</b>	_____	_____

Would they be able to keep the standard of living you have been working for, or would they have to make major sacrifices? Would they need some or all of the income you earn to keep living the way you want them to? For how long will they need that help?

CURRENT ANNUAL INCOME	_____	_____
AMOUNT TO BE REPLACED ANNUALLY?	_____	_____
FOR HOW MANY YEARS?	_____	_____
<b>TOTAL FAMILY INCOME NEED</b>	_____	_____

Will your savings be enough? Will your employer take care of them? Can they count on family and friends? Will your life insurance be enough?

SAVINGS AND INVESTMENTS?	_____	_____
COMPANY BENEFITS?	_____	_____
FAMILY AND FRIENDS?	_____	_____
OTHER ASSETS?	_____	_____
CURRENT LIFE INSURANCE?	_____	_____
<b>TOTAL AVAILABLE RESOURCES</b>	_____	_____
TOTAL IMMEDIATE & INCOME NEEDS	_____	_____
Minus TOTAL AVAILABLE RESOURCES	_____	_____
DEFICIENCY/SURPLUS	_____	_____

HOW MUCH ARE YOU ABLE TO COMMIT TO MEET THESE NEEDS?

\_\_\_\_\_