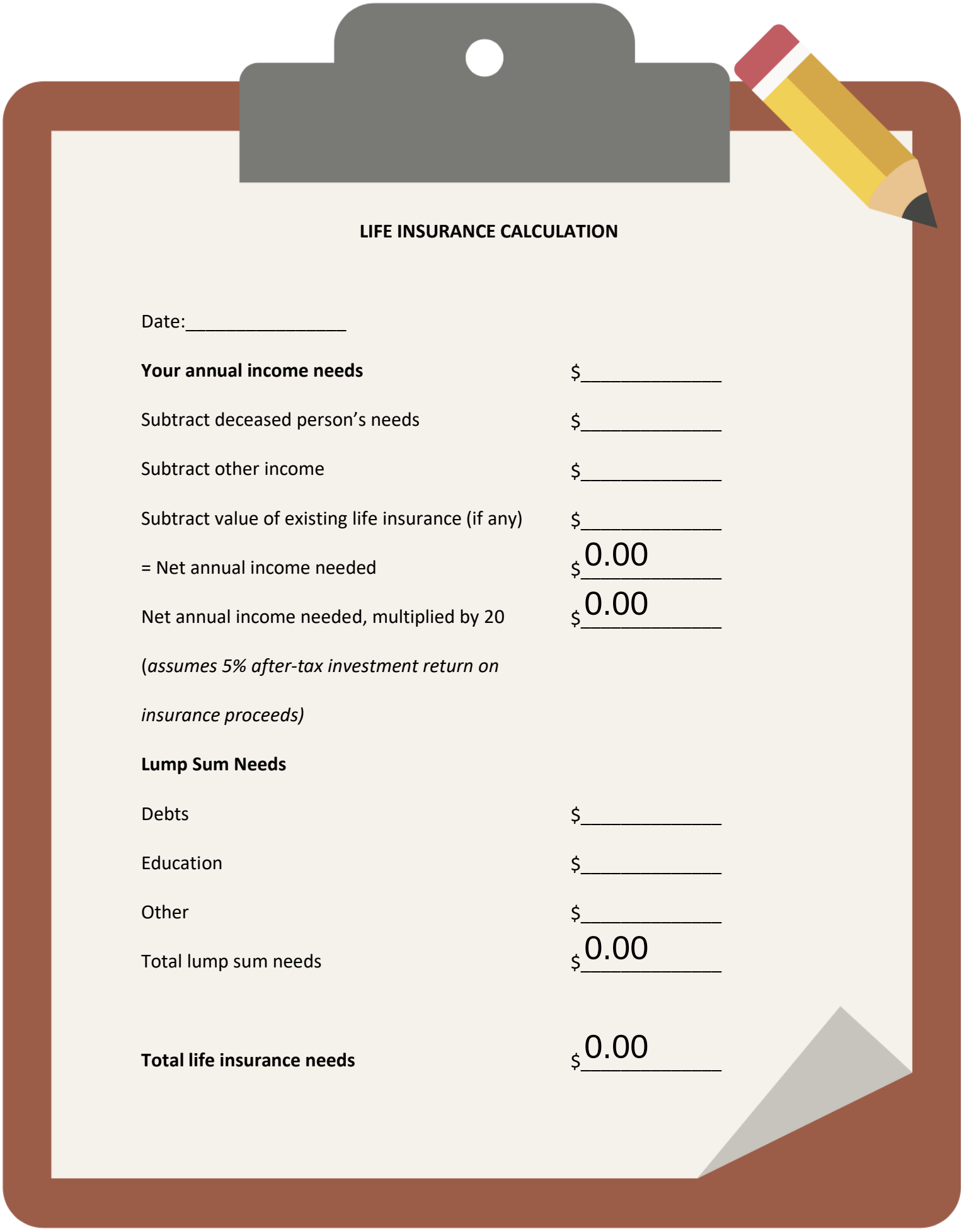


LIFE INSURANCE CALCULATION

Date:_____

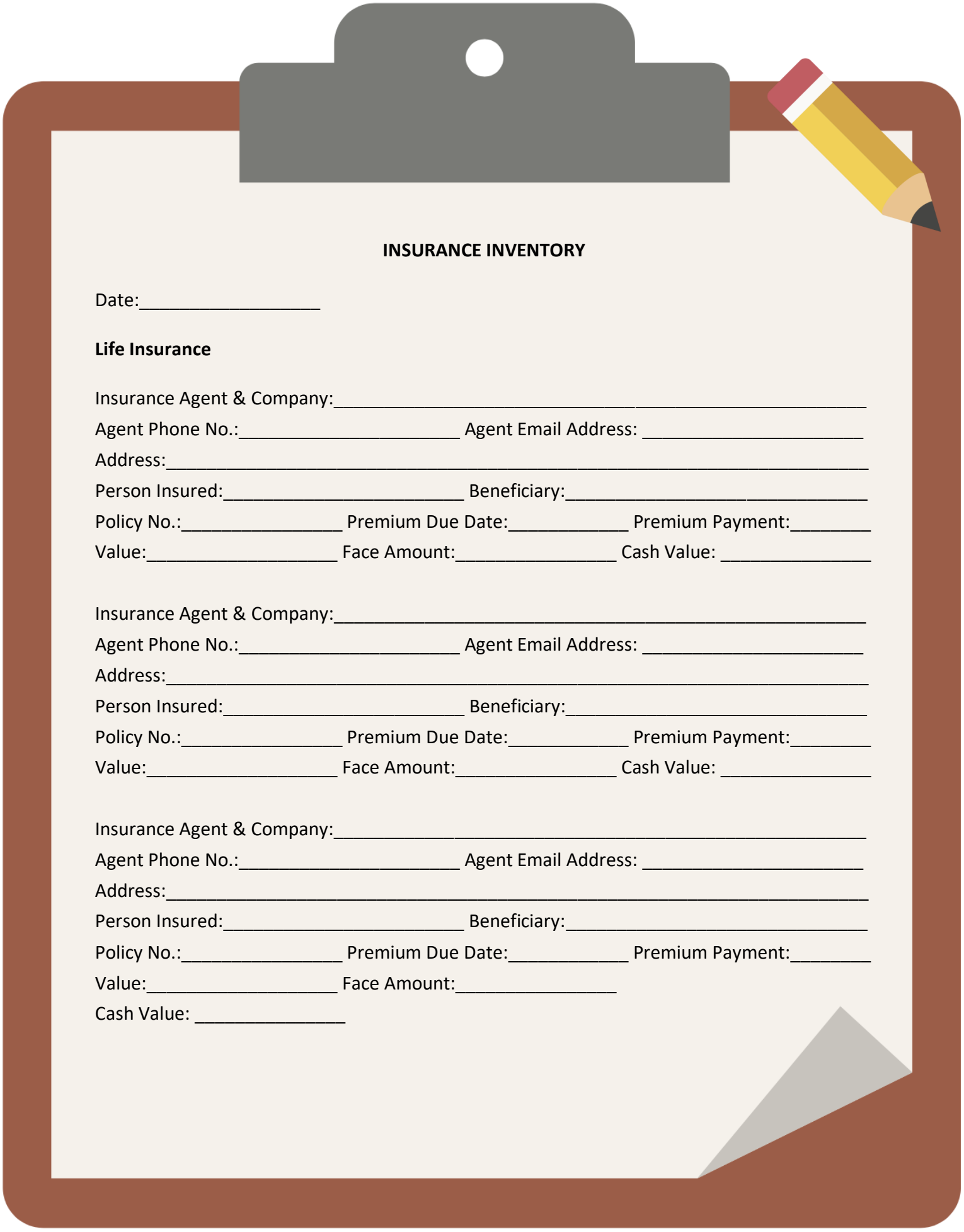
Your annual income needs	$_____
Subtract deceased person's needs	$_____
Subtract other income	$_____
Subtract value of existing life insurance (if any)	$_____
= Net annual income needed	$0.00
Net annual income needed, multiplied by 20	$0.00

(*assumes 5% after-tax investment return on insurance proceeds)*

Lump Sum Needs

Debts	$_____
Education	$_____
Other	$_____
Total lump sum needs	$0.00

Total life insurance needs $0.00



INSURANCE INVENTORY

Date:_____

Life Insurance

Insurance Agent & Company:_____
Agent Phone No.:_____ Agent Email Address: _____
Address:_____
Person Insured:_____ Beneficiary:_____
Policy No.:_____ Premium Due Date:_____ Premium Payment:_____
Value:_____ Face Amount:_____ Cash Value: _____

Insurance Agent & Company:_____
Agent Phone No.:_____ Agent Email Address: _____
Address:_____
Person Insured:_____ Beneficiary:_____
Policy No.:_____ Premium Due Date:_____ Premium Payment:_____
Value:_____ Face Amount:_____ Cash Value: _____

Insurance Agent & Company:_____
Agent Phone No.:_____ Agent Email Address: _____
Address:_____
Person Insured:_____ Beneficiary:_____
Policy No.:_____ Premium Due Date:_____ Premium Payment:_____
Value:_____ Face Amount:_____
Cash Value: _____

Homeowner's (Tenant's) Insurance

Insurance Agent & Company: _____

Agent Phone No.:_____ Agent Email Address: _____

Address:_____

Property Covered:_____ Policy No.: _____

Coverage:_____

Premium Due Date:_____ Premium Payment: _____

Automobile/Vehicle Insurance

Insurance Agent & Company: _____

Agent Phone No.:_____ Agent Email Address: _____

Address:_____

Auto Covered:_____ Policy No.: _____

Coverage:_____

Premium Due Date:_____ Premium Payment: _____

Insurance Agent & Company: _____

Agent Phone No.:_____ Agent Email Address: _____

Address:_____

Auto Covered:_____ Policy No.: _____

Coverage:_____

Premium Due Date:_____ Premium Payment: _____

Liability Insurance

Insurance Agent & Company:_____

Agent Phone No.:_____ Agent Email Address: _____

Address:_____

Person(s) Covered:_____ Policy No.:_____

Coverage: _____

Premium Due Date:_____

Premium Payment: _____

Health Insurance

Insurance Agent & Company: _____

Agent Phone No.:_____ Agent Email Address:_____

Address: _____

Person Insured:_____

Person(s) Covered:_____ Policy No.: _____

Coverage: _____

Premium Due Date:_____ Premium Payment:_____

Disability Insurance

Insurance Agent & Company: _____

Agent Phone No.:_____ Agent Email Address:_____

Address: _____

Person Insured:_____

Person(s) Covered:_____ Policy No.: _____

Coverage: _____

Premium Due Date:_____ Premium Payment:_____

Long-Term Care Insurance

Insurance Agent & Company: _____

Agent Phone No.:_____ Agent Email Address:_____

Address: _____

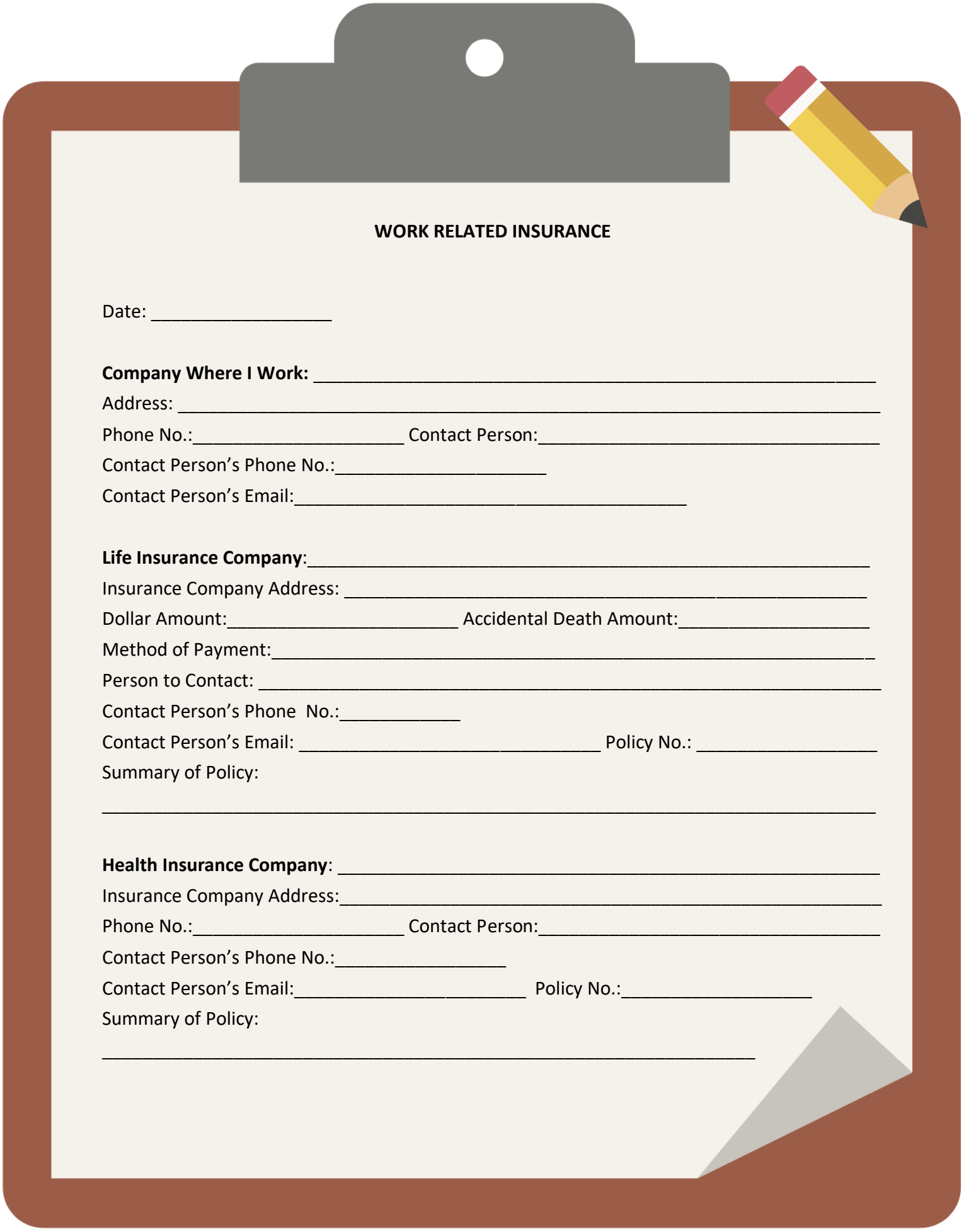
Person Insured:_____

Person(s) Covered:_____ Policy No.: _____

Coverage: _____

Premium Due Date:_____

Premium Payment:_____



WORK RELATED INSURANCE

Date: _____

Company Where I Work: _____

Address: _____

Phone No.:_____ Contact Person:_____

Contact Person's Phone No.:_____

Contact Person's Email:_____

Life Insurance Company:_____

Insurance Company Address: _____

Dollar Amount:_____ Accidental Death Amount:_____

Method of Payment:_____

Person to Contact: _____

Contact Person's Phone No.:_____

Contact Person's Email: _____ Policy No.: _____

Summary of Policy:

_____

Health Insurance Company: _____

Insurance Company Address:_____

Phone No.:_____ Contact Person:_____

Contact Person's Phone No.:_____

Contact Person's Email:_____ Policy No.:_____

Summary of Policy:

_____

Disability Insurance Company:_____

Insurance Company Address:_____

Phone No.:_____ Contact Person:_____

Contact Person's Phone No.:_____

Contact Person's Email:_____ Policy No.:_____

Summary of Policy:

_____

Dental Insurance Company:_____

Insurance Company Address:_____

Phone No.:_____ Contact Person:_____

Contact Person's Phone No.:_____

Contact Person's Email:_____ Policy No.:_____

Summary of Policy:

_____

Cancer Insurance Company:_____

Insurance Company Address:_____

Phone No.:_____ Contact Person:_____

Contact Person's Phone No.:_____

Contact Person's Email:_____ Policy No.:_____

Summary of Policy:

_____

Other Insurance Company:_____

Insurance Company Address:_____

Phone No.:_____ Contact Person:_____

Contact Person's Phone No.:_____

Contact Person's Email:_____ Policy No.:_____

Summary of Policy:

_____

Scan or attach copy of summary of benefits from policy or employee handbook