

# Client Intake — Life Insurance & Retirement Planning

Jeff Martin Financial

Jeff Martin | Independent Life & Retirement  
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## A. Basic Information (Primary)

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Full Name \*

Date of Birth (MM/DD/YYYY) \*

Phone \*

Email \*

Street Address \*

City \*

State \*

ZIP \*

Marital Status	Single	Married	Divorced	Widowed
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Occupation/Employer

Annual Household Income (\$ est.)

Home: ☐ Own ☐ Rent Payment (\$/mo)

## B. Household & Dependents

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Spouse/Partner Name (if applicable)

Spouse DOB (MM/DD/YYYY)

Dependent Children (names & DOBs)

## C. Communication Preferences

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Preferred contact	Call	Text	Email
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Best times to reach you

## D. Existing Life Insurance / Protection

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Group (through work)	Individual Term	Whole Life	IUL/UL
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List up to three current policies (carrier, type, death benefit, issue year, premium, riders):

Policy 1 details

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Calendly: [calendly.com/jeffmartinfinancial/30min](https://calendly.com/jeffmartinfinancial/30min)

Insurance guarantees rely on the insurer's claims-paying ability. Fixed/fixed-indexed annuities are not bank deposits, not FDIC/NCUA insured, and may include surrender charges. N

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Policy 2 details

Policy 3 details

Do you feel you need more life insurance? Yes No Unsure

Primary goals for insurance (income replacement, mortgage, college, legacy, cash value, final expenses)

Current beneficiaries (names, DOBs, relationship)

## E. Health & Underwriting (for pricing)

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Tobacco/Nicotine in last 12 months? No Yes

Height (ft/in)

Weight (lbs)

Medical conditions / surgeries (ever or last 10 yrs)

Current medications (name & dosage)

Primary care physician (name/phone)

## F. Retirement Planning

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Target retirement age or year \*

Target monthly income (before tax) you want to secure

Percent of retirement income you want GUARANTEED for life: 0% 25% 50%+

When would you want income to start? Now 3–5 yrs 7–10 yrs

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Top concerns (circle or describe): Fees, Market Losses, Taxes, Longevity (outliving savings), Healthcare/LTC, Inflation, Other

List your current retirement accounts (type/provider/balance/contribution):

Acct 1

Acct 2

Acct 3

Acct 4

Acct 5

Do you have old 401(k)/403(b)/IRA to rollover?      No      Yes (approx \$ below)

Approx amount for potential rollover (\$)

## G. Business Owner (if applicable)

Do you own a business?      No      Yes

If yes: name, entity type, partners & ownership %, # of employees, main risk if you're out 90 days

Business protection in place (key person, buy-sell, DI) and amounts

## H. Children's Planning (optional)

Interested in parent-owned policies for kids? (lock in insurability and build cash value)      Yes      No      Maybe

## I. Documents You Can Bring (check if available)

Latest 401(k)/403(b)/IRA statements	Social Security statement / Pension estimate
Plan fee disclosure (401k 404a-5)	Monthly budget (rough)
Advisor/AUM fee schedule	Current life insurance statements
Annuity statements/contracts	Beneficiary list (names/DOBs)

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## J. Anything Else You Want Me To Know

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Notes / special circumstances / questions

*Privacy tip: You may redact account numbers on uploads. Do not email full SSN or sensitive health documents.*

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