

Appt Date / Time:

R I S

FIRST: SAF Mortgage Protection Factfinder



In order so *you* can help them, you *must ask* clients some questions to get them, with *the best* coverage.

Proposed Insured: _____ **DOB:** ___/___/___ **Age:** _____ **NT / T**

***Beneficiary:** _____ **Relationship:** _____ **DOB** ___/___/___

___ **Mortgage Protection** ___ **Mortgage Payment Protection** ___ Other (_____)

___ New Loan / Mortgage ___ Refinance / Home Equity Loan ___ Modification of Loan ___ Other

Loan Balance(s): \$ _____ **Length of Loan?** _____ **Total Mo. Loan Pymt(s)?** \$ _____

Available Benefits *Securing Your Family's Home May Include: (Please check All that Apply)*

- ___ Paying off the Balance of Loan(s) ___ Common Carrier / Accidental Benefit Provisions
- ___ Payment Protection Programs ___ Unemployment Waiver of Premium Provision
- ___ Fixed / Level Premium Protection ___ Residential Damage Waiver of Premium
- ___ Living Benefit(s) (*ie. critical illness*) ___ Disability Waiver of Premium Coverage
- ___ Return of Premiums / Cash Back ___ Disability Income Protection Coverage

Any Medical History of: ___ Heart Attack ___ Congestive Heart Failure ___ Cancer ___ Stroke/TIA

___ High Blood Pressure ___ Diabetes ___ COPD/Chronic Asthma/Respiratory Issues ___ Other

***What medications are/were you taking? Name / Dosage / Frequency / Reason You're Taking it? [Dr. info?]**

SPECIAL NOTES: (*ie. Age Diagnosed?*) _____

What's most important to you, Benefit or Budget? (*Coverage Amount or Cost?*)

SAF Plan(s): _____ _____ _____

_____ Benefit(s): \$ _____ \$ _____ \$ _____

_____ Benefit(s): \$ _____ \$ _____ \$ _____

_____ Benefit(s): \$ _____ \$ _____ \$ _____

_____ Benefit(s): \$ _____ \$ _____ \$ _____

_____ Benefit(s): \$ _____ \$ _____ \$ _____

Total for Benefit(s): \$ _____ \$ _____ \$ _____

***YES, All the information I gave in doing this now is absolutely True, to the best of My Knowledge.** _____

Client Initials