



CLIENT PROFILE

P (402) 498-8000 ~ F (402) 498-5797 ~ TOLL FREE 1-800-755-3555
9802 NICHOLAS STREET, #1115, OMAHA, NEBRASKA 68114
WWW.WIIGCODR.COM ~ CORP@WIIGCODR.COM

Full Name	Do you have insurance now? (please list company, type, amount)
Date of Birth	
Sex	
SSN	Requested Face Amount
Street Address	How long do you need the coverage to last?
City	Primary Beneficiary
State	Contingent Beneficiary
Zip Code	
Phone Number	Have you ever been convicted of a DUI, drug-related offense, or been in rehab? Please provide dates, reason, and conclusion
Email Address	
Place of Birth	
Occupation/Title	Have you ever been convicted of a misdemeanor or felony? Please provide date and conviction
Gross Annual Income	
Houshold Income	
Total Assets	How many moving violations have you had in the past 5 years? In the past 2 years?
Total Liabilities	
Married or Single	Do you intend to travel outside the US in the next 2 years? If so, where to and for how long?
Please list children or dependents and their DOB	Do you engage in, or intend to engage in, any private flying, scuba, racing, sky diving, mountaineering, or "extreme sports"? Please elaborate.
Tobacco Use Y/N?	
Date of Last Tobacco	Have you ever been denied for insurance? If so, what was the reason provided?
Height/Weight	
Primary Care Physician	
Current Medications (please list start date, dosage, frequency, and reason for treatment)	REMARKS / OVERFLOW
Have you been hospitalized in the past 5 years? (please describe)	
Have either of your parents been diagnosed with cancer or heart disease?	
What was their age at diagnosis and/or death?	



How much life insurance do you and your family need? Life insurance can help provide funds to meet your family's immediate and ongoing needs in the event of either spouse's premature death. Do you have enough?

Use the following information and worksheet to help determine how much life insurance you and your spouse need to protect your family's standard of living. We suggest doing a separate calculation for each person.

IMMEDIATE CASH NEEDS

In this section, estimate expenses that will have to be paid within a relatively short time after death.

1. **FINAL EXPENSES** Include appropriate amounts for items such as funeral costs, final medical bills not covered by insurance and estate administration costs. ... ▶ \$ _____ (1)
2. **DEBTS** Enter the current balance of all debt that may be needed to be paid in full at death such as mortgages, credit cards, car loans or student loans..... ▶ \$ _____ (2)
3. **CURRENT BILLS AND EMERGENCY FUND** Generally, it is recommended that four to six months' income should be set aside to meet the family's immediate daily living expenses and to create a liquid emergency fund. Enter the amount you wish to provide for these needs. ▶ \$ _____ (3)
4. **EDUCATION FUND** Enter the amount you wish to provide as an education fund for your children, or follow the steps below to estimate future college expenses. Do a separate calculation for each child, and enter the total for all children. ▶ \$ _____ (4)
 - a) Current one-year college cost: _____
 - b) Number of years child will attend school: _____
 - c) Future total cost (a x b): _____
 - d) Discount factor from table below: _____

Years to Start College	Discount Factor	Years to Start College	Discount Factor	Years to Start College	Discount Factor
1	0.980	7	0.871	13	0.773
2	0.961	8	0.853	14	0.758
3	0.942	9	0.837	15	0.743
4	0.924	10	0.820	16	0.728
5	0.906	11	0.804	17	0.714
6	0.888	12	0.788	18	0.700

Note: Assumes 2 percent annual inflation and 4 percent annual rate of return.

e) Lump sum needed for education (c x d): \$ _____

A. Total Estimated Cash Needs (1+2+3+4). ▶ \$ _____ (A)



ONGOING FAMILY INCOME NEEDS

1. **ANNUAL INCOME OBJECTIVE** Enter the annual gross income your family will need following the death of a spouse. Generally, it is estimated that a family will require 60 – 80 percent of prior total family income following the death of one spouse..... ▶ _____ (1)
2. **INCOME FROM OTHER SOURCES** Enter all existing sources of income including the surviving spouse’s earnings, Social Security survivor benefits, rental income and employer-provided benefits. In estimating the income needed, remember to take into account expenses already provided for in the Immediate Cash Needs section..... ▶ – _____ (2)
3. **NET INCOME NEEDED UPON DEATH OF SPOUSE**..... ▶ = _____ (3)
Subtract Line 2 From Line 1
4. **DISCOUNT FACTOR** From the following chart, select the discount factor corresponding to the total number of years family income must be provided..... ▶ _____ (4)
Discount Factor

Years Income Needed	Discount Factor	Years Income Needed	Discount Factor	Years Income Needed	Discount Factor
1	.9804	15	12.8493	29	21.8444
2	1.9416	16	13.5777	30	22.3965
3	2.8839	17	14.2919	31	22.9377
4	3.8077	18	14.9920	32	23.4683
5	4.7135	19	15.6785	33	23.9886
6	5.6014	20	16.3514	34	24.4986
7	6.4720	21	17.0112	35	24.9986
8	7.3255	22	17.6580	36	25.4888
9	8.1622	23	18.2922	37	25.9695
10	8.9826	24	18.9139	38	26.4406
11	9.7868	25	19.5235	39	26.9026
12	10.5753	26	20.1210	40	27.3555
13	11.3484	27	20.7069		
14	12.1062	28	21.2813		

Note: Assumes 2 percent annual inflation and 4 percent annual rate of return.

B. Total Family Income Needs (3x4) ▶ \$ _____ (B)

CURRENT LIFE INSURANCE NEEDS

1. Total Survivor Needs (A+B) ▶ \$ _____
2. Minus Existing Liquid Assets Available (e.g. savings, investments)..... ▶ –\$ _____
3. Minus Death Benefit Provided by all Existing Life Insurance..... ▶ –\$ _____

C. Additional Life Insurance Needed (1-2-3) ▶ \$ _____ (C)

Client Signature

Date Completed



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AUTHORIZATION OF RELEASE OF CONFIDENTIAL HEALTH CARE INFORMATION

I hereby authorize any physician or any health care facility that has provided health care services to me and the Medical Information Bureau to release any of my health care information that they maintain to Wiig-Codr Underwriters Company, The Marketing Alliance, Incorporated and the life insurance and service companies listed below and their reinsurance companies. I am requesting the release of my confidential health care information to facilitate my purchase of insurance.

A photographic or imaged copy of this authorization and acknowledgement shall be valid as the original and I reserve the right to withdraw this authorization at any future time.

X _____
Signature of Proposed Insured, or parent or guardian

Date

American General
AIM: Guaranteed Trust/American Medical
American National
American Republic
Allied National
Assurant
Assurity
Banner Life
Genworth Financial
HPA Health Plan Administrators
IAC
ING Security Life of Denver
ING Reliastar Corp.
John Hancock

Lincoln Benefit Life
Lincoln Financial
MetLife Investors
The Marketing Alliance
Mutual of Omaha
Pacific Life
Prudential
Starmark
Transamerica
Trustmark
UNIFI Companies
United of Omaha
West Coast Life
Wiig-Codr Underwriters Co.