



## HOW MUCH LIFE INSURANCE SHOULD YOU OWN?

### Immediate Cash Needs (Short-Term)

**Final Expense/Emergency Fund**

Cash needed to cover medical and funeral costs and unexpected bills such as auto/home repair

\$ \_\_\_\_\_

**Mortgage/Debt Fund**

Cash needed to pay off mortgage, personal loans, credit cards and any outstanding debts

\$ \_\_\_\_\_

**Educational Fund/Dependent Care Expenses**

Cash to provide for education costs for dependents or cash to provide care for dependents

\$ \_\_\_\_\_

**TOTAL IMMEDIATE CASH NEEDS**

\$ \_\_\_\_\_ (A)

### Income Needs (Long-Term)

**DESIRED ANNUAL INCOME FOR FAMILY  
 (CONSIDER 75% - 80% OF PRESENT INCOME AS GOAL)**

\$ \_\_\_\_\_ (B)

**Other Annual Income:**

- 1. Spouse Income \$ \_\_\_\_\_
- 2. Social Security \$ \_\_\_\_\_
- 3. Other Income \$ \_\_\_\_\_

**TOTAL OF 1, 2 AND 3**

– \$ \_\_\_\_\_ (C)

**ANNUAL MONEY NEEDED (B - C = D)**

\$ \_\_\_\_\_ (D)

What interest rate could you earn on your investments each year? \_\_\_\_\_ (Assumed Rate)

**To find “Total Fund Needed” (line E) divide “Annual Money Needed” (line D) by assumed interest rate and enter on line E.** Example: If line D is \$20,000 and you divide it by .05 (5% assumed interest rate), the result equals \$400,000. You would enter \$400,000 on line E.

**TOTAL FUND NEEDED TO PROVIDE FUTURE ANNUAL INCOME**

\$ \_\_\_\_\_ (E)

**AMOUNT OF CAPITAL NEEDED (A+E)**

\$ \_\_\_\_\_ (F)

### Less Extra Capital Available

**EXISTING LIFE INSURANCE AND OTHER CASH SOURCES**

– \$ \_\_\_\_\_ (G)

**TOTAL CAPITAL NEEDED (F - G = H)**

\$ \_\_\_\_\_ (H)

The results generated by this needs calculator may vary due to user input and assumptions. This needs calculator is intended only to assist in approximating an amount of life insurance coverage if death occurred today. The applicant is responsible for selecting the appropriate amount of coverage.

## Personal Information

Name: \_\_\_\_\_ Agent/Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

LIFE INSURANCE				
OWNER	COMPANY	DEATH BENEFIT	PREMIUM	BENEFICIARY

RETIREMENT PLANS					
OWNER	RETIREMENT AGE	PLAN TYPE	YEARLY CONTRIBUTION	RETIREMENT OBJECTIVE DOLLARS	ANNUAL RETIREMENT INCOME

## Life Insurance Quote Request

Face Amounts: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
 TYPE OF PLAN: Term Life: \_\_\_\_\_ years Whole Life: \_\_\_\_\_ Universal Life: \_\_\_\_\_  
 RIDERS: Disability Income Rider: \$ \_\_\_\_\_ Critical Illness Rider: \$ \_\_\_\_\_  
 Term Insurance Rider for Children: \$ \_\_\_\_\_ Waiver of Premium Rider: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Tobacco Use: Do you currently use tobacco? \_\_\_\_\_ Type Used: \_\_\_\_\_  
 Have you used tobacco in the last 3 years? \_\_\_\_\_ How often? \_\_\_\_\_  
 Driving Record: Have you had any DUI or moving violations in the last 3-5 years? Yes or No  
 Health Status (include current conditions, medications and treatments): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Family History:

	Age if Living	Age at Death	Current Health or Cause of Death
<b>FATHER</b>			
<b>MOTHER</b>			
<b>BROTHER</b>			
<b>SISTER</b>			

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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