Fact finder

Issued by North American® Life Insurance Company

NORTH AMERICAN®
A Sammons Financial Company

Date ______________________

CLEAR ALL

Personal and family information

	Name	Date of birth	Social Security number	Email address
Client		- -		
Spouse		- -		
Children		- -		
		- -		
		- -		
		- -		

Residence information

Street address ______________________

City, state, ZIP ______________________ Phone ______________________

☐ Own? Mortgage payment $______________________ Mortgage balance $______________________

☐ Rent? Monthly rent $______________________

Legal and financial professional information

Client's will (if applicable) Date ____-____-____ Type ______________________

Spouse's will Date ____-____-____ Type ______________________

Client's trust Date ____-____-____ Type ______________________

Spouse's trust Date ____-____-____ Type ______________________

Attorney's name ______________________ Phone ______________________

Accountant's name ______________________ Phone ______________________

Employment/income information

	Client	Spouse
Occupation		
Employer		
Business street		
Address		
City, state, ZIP		
Phone number		
Fax number		
Email address		
Annual income	$	$
Other income	$	$

Financial information

Assets		Liabilities	
Savings	$	Installment loans	$
Investments		Mortgage(s)	
IRA(s)		Charge accounts	
Real estate		Credit cards	
Business interests		Personal notes	
Personal property		Business debt	
Other annuities		Other	
CDs			
Mutual funds			
Pensions			
Other			
Total assets	$	Total liabilities	$

Monthly systematic savings $ ________________

Average monthly expenses $ ________________

Insurance information

Life insurance

Insured	Company	Policy number	Policy date	Face amount	Annual premium	Beneficiary
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	

Other insurance

Monthly disability benefit Client $______________ Spouse $______________

Health insurance Client ______________ Spouse ______________

P&C expiration Dates Auto ________________ Homeowners ________________ Other________________

Planning priorities

	High	Medium	Low	None
Protecting family's lifestyle				
Protecting income				
Providing education funds				
Implementing savings plan				
Planning for retirement				
Minimizing estate shrinkage				
Planning for business continuation				
Lower income taxes				
Hedge inflation				
Peace of mind				
Assure proper disposition of assets				
Increase current income				
Other ______________________________				

Please provide accurate and complete information. This fact finding form is intended only as a tool to collect information to assist the agent and client during the sales process. It is not a form required by North American. Additional information may be needed prior to the purchase of an insurance product.