Personal & confidential **checkup**

Family information

Name: ______________________

Are you a US citizen? Yes No

If no, what type of visa do you have? ______________________

Birthdate: ______________ Tobacco user: Yes No

Spouse's Name: ______________________

Birthdate: ______________ Tobacco user: Yes No

Children: ______________________ Age: _____

______________________ Age: _____

______________________ Age: _____

Home address: ______________________

____

Own Home Rent Other

Email: ______________________

Daytime phone: ______________________

Evening phone: ______________________

Cell phone: ______________________

Occupation: ______________________

Spouse's occupation: ______________________

Policies issued by **American General Life Insurance Company** (AGL), Houston, TX except in New York, where issued by **The United States Life Insurance Company in the City of New York** (US Life).

My feelings, concerns & goals (Please check what fits you best)

VI	SI	NI	NA
Very important	Somewhat important	Not important	Not applicable

	VI	SI	NI	NA
Providing college funds for children is				
Paying off my home mortgage early to save thousands of dollars is				
Retirement planning is				
Insurance on myself, my spouse and children is				
Access to cash while living to help with unexpected medical expenses is				
If I became ill and was unable to work, a lump sum disability benefit would be				
Paying off my debts in the event of my death is				
Allowing my family to maintain their current lifestyle in the event of my death is				
Leaving a legacy for my loved ones is				
Receiving help with my overall planning is				

Overall planning (Please check what fits you best)

	Yes	No	Don't Know
I have a current and valid will			
I have appointed a guardian for my children			
I keep my important papers in a safe or safe deposit box			
My family knows the location of my important papers			
I do a good job managing my income/expense flow			
I participate in a pension/profit sharing plan or 401K			
I am satisfied with the amount of money I have accumulated for my financial security			
I am aware of the financial impact a major illness could have on my family			
I have checked my Social Security benefits in the past 12 months			
I have accurately calculated the amount of money I need during my retirement years			

Financial information

Annual Income:		
Yours		Spouse
	$50,000 and under	
	$50,001 - $100,000	○
	$100,001 - $175,000	
	$175,001 - $250,000	
	Over $250,000	

Total Life Insurance:		
Yours		Spouse
	$100,000 and under	
	$100,001 - $250,000	
	$250,001 - $500,000	
	$500,001 - $1,000,000	
	Over $1,000,000	

Mortgage: Balance: $_______________________________ Interest Rate: ___________________________________%

Original Mortgage Term: _______________________ Years Years Remaining: ________________________________

Future planning - in the near future I expect to (Please select all that apply)

Occupational	Personal	Financial
○ Graduate	○ Have a child	○ Receive a raise or bonus
○ Change job	○ Adopt a child	○ Have a CD mature
○ Start a business	○ Improve home	○ Receive inheritance
○ Receive a promotion	○ Buy a home	○ Borrow money
○ Retire	○ Care for parent	○ Pay off a loan
	○ Change marital status	○ Purchase property
	○ Become an empty nester	

corebridge financial