

Date _____

Name _____ Spouse's Name _____

Phone (home): _____ Cell/Office _____

Best Time to call: _____ am / pm

Products Interested in: _____

Address: _____

Birthday: _____ Spouse birthday _____

Do you use any tobacco products? _____ Spouse _____

Children's Names, Ages: _____

Health-related Issues: _____

<u>Do you have:</u>	Husband	Ht/Wt	Wife	Ht/Wt
High Blood Pressure	_____	_____	_____	_____
High Cholesterol	_____	_____	_____	_____
Heart Attack/Cancer/Stroke	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____

Are you taking any kind of medication? _____

Have you set up a retirement plan? Ira? _____

Income /Annual: Husband \$ _____ Wife \$ _____

Current life insurance:

Carrier, type, death benefit, how long owned: _____

Carrier, type, death benefit, how long owned: _____

Carrier, type, death benefit, how long owned: _____

Carrier, type, death benefit, how long owned: _____

Redbird Advisors
P.O. Box 410155
St. Louis, Missouri 63141
866.547.8780

Call a Redbird expert
at any time for
support with a quote.