

## FIRST: SAF Mortgage Protection Factfinder



In order so you can help them, you must ask clients some questions to get them, with the best coverage.

Proposed Insured:	DOB:/ Age: NT / T
Proposed Insured Phone:	Email:
*Beneficiary:	Relationship: DOB//
*Beneficiary: Phone:	Email Address:
Mortgage Protection Mortgo	age Payment Protection Other ()
	Length of Loan? Total Mo. Loan Pymt(s)? \$ Include Taxes + Ins. (Yet
Available Benefits Securing Your Famil	y's Home May Include: (Please check YES To All that Apply)
Paying off the Balance of Los	an(s) Living Benefit(s) (ie. Critical illness & Chronic illness)
Payment Protection Programs	Living Benefit(s) (ie. Terminal illness)
Fixed / Level Premium Protect	ction Return of Premiums / Cash Back
Any Medical History of: Heart A	attack Congestive Heart Failure Cancer Stroke/TIA
High Blood Pressure Diabete	es COPD/Chronic Asthma/Respiratory Issues Other
The west of the year and the second of the s	Name / Dosage / Frequency / Reason You're Taking it? [Dr. info?]
SPECIAL NOTES: (ie. Age Diagnosed)	?)
What's most important to	o you, Benefit or Budget? (Coverage Amount or Cost?)
SAF Plan(s):	
Benefit(s): \$	<u> </u>
Benefit(s): \$	\$ \$ <sub></sub>
Benefit(s): \$	\$\$ \$
Benefit(s): \$	\$ \$ <sub></sub>
Benefit(s): \$	<u></u> \$
<b>Total for Benefit(s):</b>	\$ \$

\*YES, All the information I gave in doing this now is absolutely True, to the best of My Knowledge.

e. Client Initials