

# INSURANCE PLANNING DISCUSSION CHECKLIST

Client: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned client, confirm that I have been advised of my insurance needs. I have discussed the following topics and recommendations have been made by my Advisor that in my personal and/or financial circumstances are suitable for me. I have made my decisions as indicated below:

TOPIC	DISCUSSED	DATE	RECOMMENDATION	DATE	ACCEPT/DECLINE	DATE
LIFE INSURANCE						
DISABILITY INSURANCE						
CRITICAL ILLNESS						
LONG TERM CARE						
OTHER						

DISCUSSION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client 1 Signature

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Client 2 Signature

\_\_\_\_\_  
Date