



## IN HOME SURVEY

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

Your Name: \_\_\_\_\_

Your Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Spouse's Age: \_\_\_\_ Spouse's DOB: \_\_\_\_\_

Have you attended a funeral in the past 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will be in charge of your funeral arrangements someday?

Spouse \_\_\_\_\_ Daughter \_\_\_\_\_ Son \_\_\_\_\_ Relative \_\_\_\_\_ Partner \_\_\_\_\_ Don't Know \_\_\_\_\_

Is \_\_\_\_\_ in a financial position today to take care of this for you if you were to pass away today? Yes \_\_\_\_\_ No \_\_\_\_\_

What was your reason for filling out and returning this card? \_\_\_\_\_  
\_\_\_\_\_

Which do you think you'd prefer yourself? Traditional Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Undecided \_\_\_\_\_

Do you currently have Life Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_, if so, how much? \_\_\_\_\_

How long have you had your coverage? \_\_\_\_\_.

What type of coverage do you have? \_\_\_\_\_

What was your reason for purchasing that amount at that time? \_\_\_\_\_

Have things changed since then? \_\_\_\_\_

Is this Life Insurance for yourself or someone else? \_\_\_\_\_

Do you take medications? Yes \_\_\_\_\_ No \_\_\_\_\_ if so, for what reason? \_\_\_\_\_

Is this Life Insurance policy that you're interested in primarily to pay for your funeral and burial expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware there are plans that provide up to \$25,000 for funeral costs and other expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Lastly, if we're able to help you qualify for one of our State approved Plans, with your approval, we'll need to draft either your checking or savings account each month on the day that's most convenient for you. Which day of the month would you prefer? \_\_\_\_\_