



**Disability Insurance**

List all disability insurance policies. Along with personal policies, include group policies from work, associations and other sources.

Policy Name/# and Type (i.e., personal, group)

	Insured		Annual Premium
DI1	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	\$ _____
DI2	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	\$ _____
DI3	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	\$ _____
DI4	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	\$ _____

**Long-Term Care Insurance**

List all LTC policies. Along with personal policies, include group policies.

Policy Name/#	Insured		Owner			Annual Premium
LT1	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> Group	\$ _____
LT2	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> Group	\$ _____
LT3	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> Group	\$ _____
LT4	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> CL-A	<input type="checkbox"/> CL-B	<input type="checkbox"/> Group	\$ _____

Notes:

**Declaration**

I declare that I have reviewed the information collected in this data sheet and that the investment data is correct to the best of my knowledge.

Client A Printed Name

Signature

Date

Client B Printed Name

Signature

Date