**Reason Why – Whole Life Insurance**

**Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

I would like to thank you for meeting with me and allowing me to assist you with putting a solution in place to meet your financial goals.

When we met, you indicated that you are financially secure and are looking for a tax-efficient way to build wealth to supplement your retirement income while creating an asset to benefit your family. You indicated you can set aside $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monthly / annually to implement the plan without affecting your current standard of living.

Based on the information you have provided and to achieve your goal, I recommended you to buy a whole life policy with the following policy information:

Face Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rider or Additional Deposit Option\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Period:  Life Pay  10 Pay  20 Pay  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A whole life policy can accumulate cash value over time and that can be withdrawn or taken out as a policy loan. Whole life insurance provides you coverage for as long as you live and that the death benefit will become a bequest to your family according to your wish.

At this time, I only talked with you about insurance planning. I will set up another appointment with you to talk about investment. Below are some other insurance solutions we have discussed but you indicated that they are not your immediate priority to proceed.

 Critical Illness  Disability Insurance

 Long Term Care Insurance  Extended Health Insurance / Hospitality Insurance

We agreed about this time next year, we will do an annual review of this policy and also review your other insurance needs.

Please let me know if any of the above information is incorrect, or if you have any questions about the policy or why I recommended it.

I appreciate your confidence in me and look forward to working with you in the future to ensure that your financial plans continue to meet your changing needs. If I can be of assistance to you in any other way, please do not hesitate to contact me.

Please keep this letter with your policy contract as a reminder of the reasons why you purchased this policy.

*Owner Signature Advisor Name*

 *Check here if owner is*  *the advisor*

 *the advisor’s related party*

*Joint Owner Signature Advisor Signature Date*