**Reason Why – Term 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.

e.g. just bought a house

When we met, you indicated that you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e.g. pay off the mortgage

and you wanted an inexpensive way to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the event of your death. You indicated that you had a maximum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_monthly / annually to set aside for the plan.

Based on your current situation, I recommended that you buy a term life policy with the following policy information:

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

Plan:  T 10  T 20  T 30  Term to 65  Other\_\_\_\_\_\_\_\_\_ Rider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A \_\_\_\_\_\_\_ year renewable term policy meets your immediate need with inexpensive premium. Term insurance provides temporary coverage that usually expires at age 85. Your premiums are guaranteed not to change for \_\_\_\_\_\_\_ years. If you still require insurance protection after \_\_\_\_\_\_\_ years, you can renew this policy at a higher premium, which will be guaranteed to remain level for another \_\_\_\_\_\_\_ years period. As your financial situation changes, you have the option to convert the policy to a permanent insurance with no medical questions required.

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 were not your immediate priority.

 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 and financial 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*