**Reason Why – Life Insurance with Proposed Benefits**

**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 were financially secure and were looking for a tax-efficient way to build wealth that you can access while creating an inheritance for your children. You indicated that you had a maximum of $\_\_\_\_\_\_\_\_\_\_\_\_\_monthly / annually to set aside for a plan.

Based on the information you have provided and to achieve your goal, I recommended you to buy a whole life policy with a Critical Illness Insurance (CII) rider. CII would provide funds to help cover the premium so your financial plan is not derailed if you become sick and can’t work. You indicated that CII was not an immediate priority and decided not to proceed with it at this time. Because you declined the CII rider, we agreed to use the entire premium to buy the whole life insurance policy with policy information as below:

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

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

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

We talked about how the life insurance policy provided tax-advantaged growth. By adding the Additional Deposit Option and making the maximum allowable additional deposits to the policy, you will be increasing the cash value that you can access. The tax-free death benefit will provide your beneficiaries with an inheritance.

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*