**Reason Why – Client Initiated Insurance Plan**

**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.

On your request, I have submitted a life insurance application for you with policy information as follows.

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

Plan Name  Term\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Whole Life\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   Life Pay  10 Pay  20 Pay

  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The Term plan that you picked provides temporary coverage to your short term needs like mortgage and it usually expires at age 85. You have an option to convert it to a permanent policy with no medical questions required. Term insurance premiums are guaranteed not to change for the term that you have picked and you can renew it for another term with a higher premium if you want to have a longer protection.

 The Whole Life plan can accumulate cash value over time which can be withdrawn or taken out as a policy loan.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 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.

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*