TOTAL NEEDS COMPLIANCE CHECKLIST

Agent ______________________________

Client ______________________________

Date ______________________________

I have discussed the financial and estate planning considerations and needs in various areas with the above named client. I have made appropriate recommendations in the following product/ planning areas:

TOPIC	DISCUSSED	RECOMMENDATIONS	ACTION
Life Insurance	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Income Replacement	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Critical Illness	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Savings and Retirement	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Additional Comments or Discussions

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Client Signature **Agent Signature**