



# Certificate Holder Annual Review

Member Name \_\_\_\_\_ Lodge \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Certificate Number \_\_\_\_\_ Amount of Insurance \_\_\_\_\_

Type of Certificate \_\_\_\_\_ Issue Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

Current Annuities (Yes or No) \_\_\_\_\_ How Many \_\_\_\_\_ Certificate Numbers \_\_\_\_\_

Agent of Record \_\_\_\_\_ Is Agent Still Active (Yes or No) \_\_\_\_\_

**Current Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

(Use a separate sheet if more than 4 beneficiaries)

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. What are some of the things that have changed in the last 5 years? (Marriage, new baby, job change, address change, phone, etc.?)

\_\_\_\_\_

2. Which friends or family members know where your certificates are?

\_\_\_\_\_

3. Are you still in good health? \_\_\_\_\_

4. What year was the last time you had a needs analysis done? \_\_\_\_\_

5. How many children do you have? \_\_\_\_\_ Are they married? \_\_\_\_\_ How many children? \_\_\_\_\_

6. Do you know how much insurance your children currently have? If yes, how much? \_\_\_\_\_

7. Are you involved in any community organizations? \_\_\_\_\_ If yes, what groups? \_\_\_\_\_

\_\_\_\_\_

8. Do you receive the Vestnik, the SPJST weekly newspaper? \_\_\_\_\_ If not, would you like it mailed to your current address? Address \_\_\_\_\_

9. What retirement accounts do you currently have?

\_\_\_\_\_

Our current interest rates are: 5 year fixed \_\_\_\_\_ 10 year fixed \_\_\_\_\_ Flexible \_\_\_\_\_ Other \_\_\_\_\_

10. Do you currently have an updated will? \_\_\_\_\_

**Thank you for allowing me to review your insurance: Do you have any friends who have not had their insurance reviewed from the company they are with?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Review Results: Review completed in person \_\_\_\_\_ Member refused review \_\_\_\_\_ Service Rendered \_\_\_\_\_

Obtained referrals \_\_\_\_\_ Sale made \_\_\_\_\_ Other \_\_\_\_\_