



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)

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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 _____

Review Results: Review completed in person _____ Member refused review _____ Service Rendered _____

Obtained referrals _____ Sale made _____ Other _____