



CLIENT CONTACT INFORMATION

We want to make sure that you continue to receive information regarding your life insurance policy. Please complete the sections below and return to our office so that we can update your file. **Please print clearly.**

POLICY INFORMATION

Policy Number: _____

Owner Name: _____

Insured Name: _____

Insured Birth Date: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Owner's Home Address

Street: _____

City: _____ State: _____ Zip: _____

How would you like to receive statements regarding your policy?

Mail **Email:** _____

Use Home Address Use Alternate Address Below:

Street: _____

City: _____ State: _____ Zip: _____

Please mark any of the following that apply:

- I want to make sure that the correct beneficiary is listed on my policy.
- I am concerned about long term care, and would like to find out my options.
- I need additional life insurance and want to receive a quote.
- I am interested in starting or adding to my retirement account on a tax advantaged basis.
- Other: _____

Owner's Signature

Date

Please make sure to send this form back to our office. You may remit by mail, fax, or by emailing it to ygrogan@gain1776.com .