Senior Financial Planning Survey:

Name	:		
Addre	ss:		
City/St	tate:		
Numb	er in Household:		
Single	Income (Y/N):		
How lo	ong in area:		
1. 2.	Is there a primary breadwinner in the home? Do you consider yourself a planner?		
3.	Do you currently own cemetery property?		
4.	Do you currently have life insurance?		
5.	Do you feel you can leave your family too much life in	surance?	
6.	Do you feel the purchase of Life Insurance to be a wise	e choice or a waste	e of money?
7.	If you were going to purchase a financial product, such would you prefer to purchase those over the phone, t		•
8.	If you were to pass away today, how confident are you that your family would have the Final Expense and Burial Funds available with 2-3 days of your passing?		
9.	Are you concerned that your final arrangements migh family?		burden on your friends and
10	. What is your favorite color?		

Thank You for Your Time!