



Annual Review & Checklist

Please take a few moments to complete the below information to ensure our system is up to date with your most current information. The checklist is to help you think about the changes in your life in relationship to products and services that are available to help you achieve your financial goals.

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Physical Address if Different from mailing _____
Contact Name _____
Home # _____ Business # _____ Cell # _____
Email Address _____

Since I spoke with you last, I have:

- Changed my job
- Changed my residence
- Purchased or expanded my business
- Created a buy-sell plan
- Changed marital status
- Added to my family (including grandchildren)
- Changed my will
- Changed beneficiaries on my policies
- Received an inheritance
- Bought or sold property

For my family/me, I am interested in:

- Life insurance
 - Whole life
 - Variable life
 - Term
- Disability insurance
- Long term care insurance
- Retirement planning
 - IRA – tax managed savings
 - Wealth pay-out strategies
 - Wealth transfer strategies
- Health insurance
- Umbrella Policy
- Home and Auto Insurance (including rental properties, travel trailers, manufactured home)

For my business, I am interested in:

- Disability income insurance
- Deferred compensation
- Business Buy-Sell Funding
- Key Person strategies
- Pension plans and strategies
- Employee Benefit Programs and Strategies
- Umbrella Policy
- Business Liability
- Bonds
- ERISA
- Workers Compensation

Additional

Comments: _____

Please complete and send back via:

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Mail it to: 800 Willamette Street, Suite 620, Eugene, Oregon 97401