# DIME WORKSHEET

#### D (Death & Debt)

The amount needed to create an immediate expense fund and pay off any outstanding debt (auto loan, credit card, student loan, final expense costs, etc.)

#### I (Income)

The amount needed to replace your income

#### M (Mortgage)

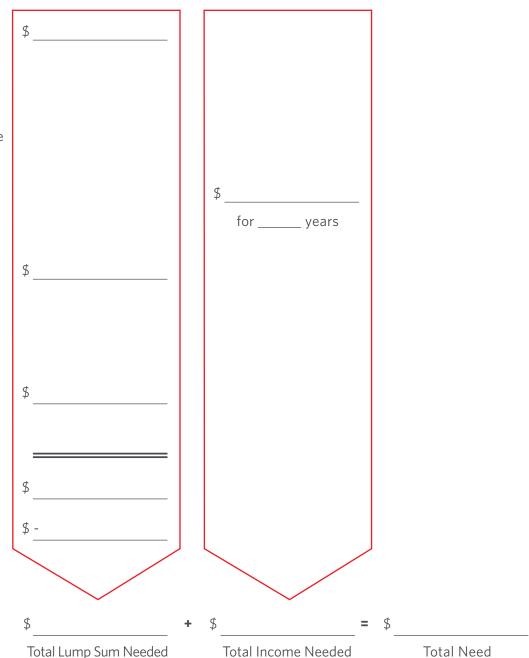
The amount needed to pay off any outstanding balance on your mortgage or replace your rent for several years

### E (Education)

The amount needed for you children's college education

## **Lump Sum Needed**

#### **Less Current Assets**



This worksheet is a tool to assist you in estimating your basic life insurance needs. It is not intended to provide a thorough and comprehensive analysis of your life insurance needs or to recommend a specific amount of type of coverage. The actual amount of life insurance you need will depend on several factors that you need to consider carefully. Your insurance professional can assist you with analysis of your personal circumstances.



, ,	Stat	Phone	Apt. # Zip Spouse Spouse	# Email Phone Ar	nnual Income				
City  Date of birth: Client  Social Security Number  Client Employer  Spouse Employer	Stat	Phone	ZipSpouse	Phone	nnual Income				
Date of birth: Client Social Security Number Client Employer Spouse Employer		Phone Phone	Spouse Spouse	Ar	nnual Income				
Social Security Number Client Employer Spouse Employer		Phone Phone	Spouse	Ar	nual Income				
Client EmployerSpouse Employer		Phone Phone	·	Ar	nual Income				
Spouse Employer		_ Phone							
, ,				△	unnual Income	Annual Income			
Children(s) Names					Annual Income				
			Date(s) of Birth						
What programs do you curre	ently have in place?								
, -	lient Spouse				Clie	nt <u>Spouse</u>			
Savings Account \$	\$	Mutı	ual Funds		\$	\$			
Money Market \$	\$	Stock	ks/Bonds		\$	\$			
Certificate of Deposit \$			IRA/401(K)/Roth/						
			ions/Old 401	(k)s	\$	\$			
Tax-Deferred Annuity \$	\$\$	Othe	er (inheritanc	e)	\$	\$			
Life Insurance									
ا مان نام ما	Client		ا ا		<u>Spouse</u>	Гион Голгон			
Individual	Employe			lividual		Employer			
Type         □ Term         □ UL         □ VUL         □ WI           DB:            PX:            Co.	. <b>Type</b> □ Term □ UL □ DB:		1			erm 🗆 UL 🗆 VUL 🗆 WL			
Type □ Term □ UL □ VUL □ V DB:  PX:  Co	VL		Type □ Term DB: PX: Co		- □WL				
<b>Health Insurance</b> □ Yes □ N	lo Prem \$	Disab	oility Income	□Yes □No	Prem \$				
<b>Long Term Care</b> □ Yes □ N	lo Prem \$	Medio	care Supp.	□Yes □No	Prem \$				
Notes									

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