

FUNERAL AND FINAL EXPENSE PLANNING PROFILE

Name: _____ Date of Birth _____

Address: _____

Phone (home): _____ Cell: _____ Email: _____

Cemetery arrangements and other arrangements already made _____

- Are you looking for just an immediate disposal direct cremation Immediate burial with no services?
 Funeral service viewing church graveside mortuary chapel other _____
- Are you a veteran? Branch _____ How long _____ Rank at discharge _____ Honorable _____
- Is *saving money* a big concern of yours if you can do it without sacrificing any quality? Y / N
- Do you think YOU should decide in advance what a funeral should cost, and then have the funeral director at the time of need give your family that funeral arrangement? Y / N Or would you want the funeral director to meet with your family only at the time of need to make that decision based what's available then and what it costs then? Y / N Do you want to understand exactly what "freezing costs" means? Y / N
- Do you want to make sure your kids or family don't have to come up with any money at all Y/ N, or are you just looking for certain costs to be predetermined or guaranteed in advance, where you draw the line now? Y / N
- What do you think is the most you should spend on a casket? \$695-\$995 \$995-\$1,595 \$1,595- \$4,000
- Have you ever been involved in planning a funeral or paying for a funeral? Y / N Total cost? _____
- Do you want to put together a clear set of instructions to prevent your family from making any mistakes at the time of need, like paying too much, choosing the wrong options, using the wrong mortuary, not knowing details to factor in advance? Y / N
- Do you have a dollar amount you want to be available at need for all final expenses? Y / N \$ _____
- What would be your most important reason(s) for wanting to set up a pre-paid funeral or final expense plan? _____
- Do you plan to stay in this area for the rest of your life? Y / N Moving to: _____
- If *cremation* is still a possibility, would you like to see that as a FREE option included in a package?
- If you were making payments, would you want to make sure there is no balance due should something happen to you before you've made all the payments? Y / N
- Would you want to make sure your plan can be changed, added upon, reduced or modified later? _____
- If you started a plan, would your preference be to pay it off as quickly as possible Y / N , or are you unsure of that at this point _____? Do you want to know about early payoff discounts and discounts for single payment? Y / N Have you been setting aside money already for a funeral Y / N
- Do you have a maximum monthly payment or range you cannot exceed? _____
- Do you want to make sure you have at least a one month free evaluation of all the details? Y / N

There are NO disqualifying health questions. Do you have any life-threatening health conditions?

HEALTH: Are you currently on oxygen, hospitalized, receiving hospice care, or residing in a nursing home, long term or residential care facility, or group home? (circle all that apply). During the past two years, have you been advised by a medical professional to have surgery but it has not yet been performed or you decided not to? Y / N

Are you being treated or have you been treated (including medication) by a medical professional for any of the following in the past two years?

- Heart disease
- Congestive heart failure
- Stroke
- Cancer
- Immune System Disorder
- Cirrhosis of the Liver
- Drug or Alcohol Dependency
- Kidney Failure (dialysis)
- COPD
- Emphysema
- Lou Gehrig's Disease
- Diabetic Coma
- Amputation Due to Disease
- Alzheimer's/Dementia

SUMMARY: (Check or circle your preferences)

- Use church, reception center, or graveside Casket price range \$ _____ focus on saving money Y / N
- clear set of instructions for your family plan can be changed make sure the plan pays off if die pay off quickly
- plan can be used anywhere kids don't have to come up with any money portable may move
- under \$ _____ a month cremation as free option refund option 30-day free evaluation all final expenses covered
- Other _____