

The Aware Method™

Inflation-Adjusted Life Insurance Needs Assessment — Client Intake Form

Please complete all sections as accurately as possible and return to your agent. All information is confidential and used solely for insurance planning purposes.

AGENT USE — Complete before sending to client:		
Agent Name	Agent License #	Date Sent
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1 — CLIENT INFORMATION Please complete all fields

Client Full Name	Date of Birth (MM/DD/YYYY)	Age	Gender	Tobacco Use?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Applicant / Spouse Name (if applicable)	Date of Birth	Age	Gender	Tobacco Use?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address	State of Residence	Marital Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation	Employer	# of Dependents	Youngest Dependent Age	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 2 — INCOME & FINANCIAL SNAPSHOT Annual figures unless noted

	Client (\$)	Co-Applicant (\$)	Notes
Gross Annual Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Annual Income (after tax)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Est. Social Security Benefit <small>At retirement age</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension / Other Guaranteed Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings & Liquid Assets (total)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Accounts (401k/IRA)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing Life Insurance Face Amount <small>Term or Perm?</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Real Estate Equity	Other Investments / Brokerage (\$)		Other Assets (\$)
<input type="text"/>	<input type="text"/>		<input type="text"/>

SECTION 3 — FINANCIAL OBLIGATIONS & LIABILITIES

Debts your family would inherit or need to cover

Obligation Type	Current Balance / Amount (\$)	Monthly Payment (\$)	Years Remaining
Mortgage / Rent Replacement			
Auto Loan(s)			
Credit Card / Consumer Debt			
Student Loans			
Business Loans / Personally Guaranteed			
Other Debt (describe below)			
TOTAL LIABILITIES (agent calculates):			

Describe 'Other Debt' above:

SECTION 4 — FUTURE INCOME & FAMILY NEEDS

What your family needs to maintain their standard of living

Need Category	Annual Amount Needed (\$)	# of Years Needed	Pre-Inflation Total (\$)
Income Replacement (% of net income needed)			
Childcare / Dependent Care			
Children's Education Fund			
Surviving Spouse Retirement Income Gap			
Final Expenses (funeral, medical, legal)			
Emergency Fund (6–12 months expenses)			
Other Goal (describe below)			
TOTAL FUTURE NEEDS — Pre-Inflation (agent calculates):			

Describe 'Other Goal' above:

SECTION 5 — THE INFLATION ADJUSTMENT

The Aware Method™ core step — what most agents skip

Life insurance is purchased today but the benefit pays a claim years — sometimes decades — from now. A \$500,000 policy that feels adequate in 2025 may only have the purchasing power of \$275,000 by 2045 at 3% inflation. The Aware Method™ adjusts your coverage need to reflect real purchasing power, not just nominal dollars. This is the step most agents skip.

Inflation Multiplier Reference — Future Value of \$1 Today

■ **Conservative Baseline: 3.0% is used in the Aware Method™ worksheet below.**
 This is intentionally conservative. Real inflation since 2020 has averaged 4–5%+. Clients with longer time horizons should discuss using 3.5–4.0%.

Years Until Need	2.5%	3.0% ★	3.5%	4.0%	5.0%
5 years	1.131x	1.159x	1.188x	1.217x	1.276x
10 years	1.280x	1.344x	1.411x	1.480x	1.629x
15 years	1.448x	1.558x	1.675x	1.801x	2.079x
20 years	1.639x	1.806x	1.990x	2.191x	2.653x
25 years	1.854x	2.094x	2.363x	2.666x	3.386x
30 years	2.098x	2.427x	2.807x	3.243x	4.322x
35 years	2.373x	2.814x	3.334x	3.946x	5.516x
40 years	2.685x	3.262x	3.959x	4.801x	7.040x

Inflation Adjustment Worksheet — Completed by Agent (Use data from Sections 2, 3, and 4)

1	Total Future Needs (carry from Section 4) <small>From Section 4 Total</small>	
2	Assumed Inflation Rate (circle / enter) <small>Aware Method™ default: 3%</small>	
3	Time Horizon — years to peak need <small>Longest step needed, e.g., 40 years</small>	
4	Inflation Multiplier (from table above) <small>Use Step 2 Rate x Step 3 years from table</small>	
5	INFLATION-ADJUSTED FUTURE NEEDS <small>Step 4 x Step 4</small>	
6	Total Liabilities (carry from Section 3) <small>From Section 3 total</small>	
7	GROSS COVERAGE NEED <small>Step 5 + Step 6</small>	
8	Less: Existing Life Insurance Face Amount <small>Current in force policies</small>	
9	Less: Liquid Assets Available to Family <small> Savings the family could access</small>	
10	NET COVERAGE GAP (Recommended Face Amount) <small>Step 7 - Step 8 - Step 9</small>	

Inflation Rate Selected: 2.5% **3.0%** (conservative ★)

SECTION 6 — PRODUCT STRATEGY RECOMMENDATION

Agent completes — do not send blank

Based on the Net Coverage Gap (Step 10 of Section 5), select the most appropriate product strategy and document rationale below.

Product Type	Recommend?	Face Amount (\$)	Term / Duration	Rationale / Notes
<input type="checkbox"/> Term Life (Level)				
<input type="checkbox"/> Term Life (Return of Premium)				
<input type="checkbox"/> Whole Life				
<input type="checkbox"/> Universal Life (UL)				
<input type="checkbox"/> Indexed Universal Life (IUL)				
<input type="checkbox"/> Final Expense / Simplified Issue				
<input type="checkbox"/> Key Person / Business Coverage				
<input type="checkbox"/> Layered Strategy (combo — describe below)				

Layered Strategy Description / Additional Product Notes:

RIDERS TO CONSIDER

Agent recommendation

Rider	Recommend?	Best Fit / Notes
<input type="checkbox"/> Waiver of Premium		<i>Disability / inability to work</i>
<input type="checkbox"/> Accidental Death Benefit (ADB)		<i>Higher-risk occupations or activities</i>
<input type="checkbox"/> Child Term Rider		<i>Dependent children under 18</i>
<input type="checkbox"/> Accelerated / Living Benefits		<i>Access to death benefit while living</i>
<input type="checkbox"/> Chronic / Critical / Terminal Illness		<i>IUL / UL clients; living benefits</i>
<input type="checkbox"/> Inflation Protection Rider		<i>Adjusts face amount over time — highly recommended</i>
<input type="checkbox"/> Guaranteed Insurability Option (GIO)		<i>Younger clients under 40; future purchase rights</i>
<input type="checkbox"/> Long-Term Care (LTC) Rider		<i>Clients with no LTC plan — ages 45+</i>

UNDERWRITING FLAGS & AGENT NOTES

Agent use only

Estimated Health Class:

Medical Exam Required?

Yes No

Underwriting / Health Notes:

Agent Summary & Recommendation:

SECTION 7 — NEXT STEPS

Agent completes after assessment review

Check all that apply:

- Submit application for underwriting
- Schedule follow-up appointment
- Order paramedical / medical exam
- Provide product illustrations and quotes
- Review existing policies for replacement
- Refer to estate attorney / financial planner

Other Next Step:

PROPOSED COVERAGE SUMMARY

Agent completes — final recommendation snapshot

Recommended Product(s)	Face Amount (\$)	Est. Monthly Premium (\$)	Carrier / Quote #

SECTION 8 — ACKNOWLEDGMENT & AUTHORIZATION

Client signature required

By signing below, I/we acknowledge that: (1) this assessment was completed for informational and life insurance planning purposes only; (2) it does not constitute a binding insurance contract or guarantee of coverage; (3) all figures are estimates based on information I/we have provided and are subject to change; (4) actual coverage is subject to carrier underwriting approval; and (5) I/we authorize Aware Insurance Services to use this information for the purpose of obtaining insurance quotes and recommendations on my/our behalf.

Client Signature

Print Name

Date

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Co-Applicant Signature (if applicable)

Print Name

Date

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Agent Signature

Agent Name / License #

Date Completed

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