WEALTH InsurED

Emergency Contact List / Follow Up

Agent: _____

Client	Spouse/Other	Date	Co/Plan

Term _____ UL _____ AD/D _____ Disability _____ Other _____
Whole _____ IUL _____ KIDS _____ Annuity _____ Other _____

#	Name First/Last	Relationship	Phone #	City	Ben	ERS	Rx	Ref
1	John Doe	Brother	(555) 555-5555	Miami	✓	✓	✓	✓