



Client Questionnaire

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| 1. What was the amount of your refund last year ? _____ | | |
| 2. Do you have a bank account? | Yes | No |
| 3. Do you have Life Insurance? | Yes | No |
| 4. If no, would you like a quote for Life Insurance? | Yes | No |
| 5. Do you have Health Insurance? | Yes | No |
| 6. Would you like to learn more about our identity protection? | Yes | No |
| 7. Do you plan to buy a car with your refund? | Yes | No |

Referrals:

Name: _____ Cell Number: _____ **(\$25)**

Notes: _____

Name: _____ Cell Number: _____ **(\$25)**

Notes: _____

Name: _____ Cell Number: _____ **(\$25)**

Notes: _____

Name: _____ Cell Number: _____ **(\$25)**

Notes: _____

Name: _____ Cell Number: _____ **(\$25)**

Notes: _____