

ANNUAL CLIENT REVIEW GUIDE

Review of Client's Circumstances and Needs:

- Life Insurance
- Investments and Annuities
- Long-Term Care Insurance
- Disability Income Insurance
- Automobile Insurance
- Homeowners Insurance



Prudential

Date: _____

Name: _____ Spouse's Name: _____

Street: _____ City/State/Zip: _____

Home Phone: _____ Spouse's Phone: _____

Age: _____ Spouse's Age: _____

Email: _____ Spouse's Email: _____

Life Event Changes

Have any of the following events or changes taken place since we last met?

Marital Status Married Engaged Separated Divorced Widowed

If married, spouse's name: _____

Dependents Newly Added: _____ Total Number: _____

Name(s) and Date(s) of Birth: _____

New home/home equity loan/second home loan

Date of Loan: _____ Amount: \$ _____ Length of Loan: _____ Interest Rate: _____

New job or recent adjustment in family income

Recent Adjustments: \$ _____

Child(ren) attending college

Number in College: _____ Total Annual Tuition: \$ _____ Years Remaining: _____

Inheritance Amount: \$ _____

What goals have changed since we last met or since your last financial strategy decision was made? Explain below.

What new goals have you begun to consider since we last met? Indicate how soon you would like to accomplish each goal.

Reaffirm Strategy	Review Current Goals	Years Away	What Progress Have You Made?	Are You Satisfied With the Progress?
<input type="checkbox"/> Education Funding	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New Home	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Retirement	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Life Insurance

Product Review (For each policy, address the following:)

Original reason(s) you purchased policy(ies):

(For each policy) Is your objective still the same? Yes No

If no, what changes have occurred?

Review the following key areas of existing policy(ies) (Use Policy Statements, Consolidated Summary Reports, and/or your Contract Records from CDs.)

<input type="checkbox"/> Death Benefit	\$	<input type="checkbox"/> Beneficiaries
<input type="checkbox"/> Premiums	\$	Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly EFT
<input type="checkbox"/> Cash Values	\$	<input type="checkbox"/> Living Needs Benefits: \$
<input type="checkbox"/> Loans	\$	

Is policy performance meeting your expectations? Yes No

If Variable

Review current life insurance investment options and returns:

Options	12-Month Returns
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Have you considered reallocating or rebalancing your investment options? Yes No

Is your current premium payment strategy adequate to prevent against policy lapse? Yes No

Length of no-lapse guarantee (if applicable) _____ years.

The primary reason to purchase life insurance is for the death benefit.

Is this policy also intended to supplement retirement income? Loans and withdrawals will reduce policy cash values and the death benefit and may have tax consequences. Yes No

Estimated Cash Value at client's age 65 (from in-force illustrations): \$

Other Questions (Select those questions that apply.)

Term Conversion

Is a conversion option still available? Yes No Expiration Date: _____

Is conversion credit available? Yes No Expiration Date: _____ \$

Additional Coverage

Have you purchased additional life insurance coverage other than with Prudential (include group coverage)? Yes No

What is the total amount? \$ _____

What objective(s) did this purchase intend to meet?

College/Mortgage Funding

Have you made decisions in case something should happen and you are not here to pay for your child's college education or your mortgage? Yes No

Spouse Coverage

Have you thought about your need for insurance should you lose your spouse? Yes No

Do you have a strategy in place if you should lose your spouse? Yes No

Child Coverage

Would you like to start an insurance policy on your child(ren), while the premiums are relatively low and the children healthy? Yes No

Total Life Needs

How secure do you feel that your family's total life insurance needs have been met?

Have you estimated the value of your largest asset, your lifetime earnings potential, or your "Human Life Value"? Yes No

Next Steps

Set next appointment.

Complete the appropriate pages in the needs analysis system based on the needs identified above.

Investments and Annuities

Performance Review (products from a Prudential Financial company)

Main savings goals Retirement College New/Second Home Supplemental Income Other

Short-term goals _____

Asset mix of products from a Prudential Financial company.

Type	Mix	Approximate Value
Mutual Funds	_____ %	\$ _____
Annuities	_____ %	\$ _____
Other	_____ %	\$ _____
		Total Value: \$ _____

Mutual Funds currently held from a Prudential Financial company.

Name of Fund	% of Total Prudential Mutual Fund Assets	Approximate Value
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

- Review why these investments were chosen and determine if these are still appropriate.
- Review asset allocation mix and rebalancing options (if needed).
- Review the benefits of using a cash management account (i.e., the COMMAND Account) if client doesn't have one.

Annuities currently held from a Prudential Financial company.

Annuity Name	Fixed	Variable
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Product Review (if not with a Prudential Financial company)

Do you have a regular savings plan? Yes No

Are you contributing to a company-sponsored 401(k), 403(b) plan or 457(b)*? Yes No N/A At _____ % of salary

Have you changed/reviewed your funding in recent years? Yes No

If yes, why? _____

*Note: These are for state or local government employees, like firefighters, teachers, police, etc.

Asset mix of products not obtained from a Prudential Financial company.

Total Value: \$ _____

Type	% of Total Non-Prudential Assets	Approximate Value
Mutual Funds	_____ %	\$ _____
Annuities: <input type="checkbox"/> Fixed	_____ %	\$ _____
Annuities: <input type="checkbox"/> Variable	_____ %	\$ _____
Other _____		

Mutual Funds currently held from a non-Prudential Financial company.

Name of Fund	% of Total Non-Prudential Mutual Fund Assets	Approximate Value
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

What goals were these types of vehicles intended to meet? Are they meeting your expectations?

Other Questions (Select those questions that apply to your client.)

Considering your current investments, how likely is it you will accomplish your goals?

3-year goals? _____

5-year goals? _____

Retirement goals? _____

Education funding goals? _____

What concerns do you have about the progress you are making?

Have taxes become more of a consideration when making investment decisions? Yes No

Remind clients that Prudential Financial, its affiliates, and their licensed financial professionals, do not provide tax or legal advice. Such advice should be obtained from the client's own tax and legal advisors.

Have you considered how to most efficiently pass your wealth to family or loved ones?

Are you aware that, in addition to providing the necessary death benefit protection, permanent life insurance can help supplement your accumulation goals for things such as retirement, or other needs?* _____

*Loans and withdrawals reduce policy cash values and death benefits, may affect any guarantee against lapse, and may have tax consequences.

Next Steps

Set next appointment.

Complete the appropriate pages in the needs analysis system based on the needs identified above.

Disability Income Insurance (Availability of this product varies by carrier and state.)

Reviewing Existing Coverage (obtained from a Prudential licensed financial professional)

- Monthly benefit amount \$ _____ and percentage of income insured _____ %.
- Benefits will continue _____ years.
- Elimination period is _____ days.

Other Questions (obtained from a Prudential licensed financial professional)

- Who is your current insurer? Company: _____ None
-
- Is coverage through work, or personal coverage? Through Work Personal
-
- If coverage is through work, how much do you contribute? \$ _____
-
- Monthly benefit amount: \$ _____
-
- Is current coverage adequate? Yes No
-
- What percentage of your income is insured? _____ %
-
- Are the benefits you would receive taxable or tax free? Taxable Tax Free
-
- Have you received any increases in your income since you purchased or updated the coverage (include bonuses, deferred compensation, incentive compensation and/or stock options)? Yes No
-
- How does insurer define "disability"?
-
- Does this definition meet your needs? Yes No

If client is unsure if coverage is adequate

- Would you like to set up time to review your current coverage? Yes No

If client has no coverage

If you were sick or hurt and were unable to earn an income, how would you complete the goals you have set and we have discussed (financial, personal, etc.)?

If you or your spouse were unable to work, how long would you be able to rely on your current savings and assets to support your expenses? _____ Years Don't Know

How concerned are you about this?

Next Steps

- Set next appointment.
- Complete the appropriate pages in the needs analysis system based on the needs identified above.

Long-Term Care Insurance (Availability of this product varies by carrier and state.)

Reviewing Existing Coverage (obtained from a Prudential licensed financial professional)

Current benefits \$ _____ /day

Alternative benefit options: _____

Other Questions (if not obtained from a Prudential licensed financial professional)

Who is your current Insurer?

Company: _____ None

If client has no coverage

Have you factored potential long-term care needs into your financial or retirement strategy? Yes No

If no, why not?

If client has long-term care coverage

Is coverage through work, or personal coverage? Through Work Personal

Is current coverage adequate? Yes No Unsure

If client is unsure if coverage is adequate

According to the Genworth Cost of Care Survey*, the average cost in the United States (in 2021) for a private room in a nursing home is \$297/day, or \$108,408 annually.

If you were to need long-term care, how long would you be able to rely on your current savings and assets to support these expenses? _____ Years Don't Know

How concerned are you about this?

Would you like to set up time to review your current coverage? Yes No

Next Steps

Set next appointment.

Complete the appropriate pages in the needs analysis system based on the needs identified above.

*<https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

Automobile Insurance Coverage

Reviewing Existing Coverage (Use Declaration Page)

- Collision & Comprehensive coverage
- Deductibles – Discuss saving by increasing deductible
- Liability coverage – Is this enough to protect client from lawsuits? (Recommend PCAT?)
- Uninsured and underinsured motorists coverage
- Lawsuit threshold
- Changes (if any) to annual premium

Other Questions (If not obtained from a Prudential licensed financial professional)

- Who is your current insurer? _____
- Are you happy with your current coverage? Yes No
- Are you aware that you may be eligible for a variety of discounts? Yes No
- Would you like a competitive quote? Yes No
- Confirm the expiration date (“X” date) of the policy _____

Next Steps

- Set next appointment.
- Complete the appropriate pages in the needs analysis system based on the needs identified above.

Homeowners Insurance Coverage

Reviewing Existing Coverage (Use Declaration Page)

- Coverage amounts \$ _____
- Deductible \$ _____
- Liability coverage – Is this enough to protect client from lawsuits? \$ _____
- Is full replacement value of home insured? Yes No
- Any items added to schedule (i.e., Jewelry, Fine Art)? Yes No

Other Questions (If not obtained from a Prudential licensed financial professional)

- Who is your current insurer? _____
- Are you happy with your current coverage? Yes No
- Are you aware that you may be eligible for a variety of discounts? Yes No
- Would you like a competitive quote? Yes No
- Confirm the expiration date (“X” date) of the policy _____
- How have you protected your most valuable asset ... your lifetime earnings potential, or your Human Life Value? _____

Next Steps

- Set next appointment.
- Complete the appropriate pages in the needs analysis system based on the needs identified above.

Client Summary

Client's Name: _____

Agent's Name: _____

Today's Date: _____

Agent's Phone: _____

Areas

Summary

Life Insurance Coverage

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Mutual Funds

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Annuities

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Disability Income Insurance Coverage

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Long-Term Care Insurance Coverage

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Automobile Insurance Coverage

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Homeowners Insurance Coverage

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Personal Catastrophe Coverage

- Reviewed, Follow-Up Requested
- Reviewed, Client Requests No Follow-Up
- Not Reviewed at this Date

Date:

Time:

Our insurance policies and annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. I'll be glad to provide you with costs and complete details.

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