

Referral Information Form

Date _____ Customer Name _____

Agency Name _____ Completed By _____

Section 1: Family, Home, and Work

☐ Family ☐ New Child ☐ Recently Married ☐ College Planning/Graduation
☐ Recently Divorced ☐ Family in Assisted Living ☐ Death in Family ☐ Other

☐ Home ☐ Recent Move ☐ 2nd Home ☐ Pay in Full Discount ☐ Mortgage Paid Off ☐ Other

☐ Work ☐ New Job/Promotion ☐ Started/Bought/Sold a Business
☐ Benefits Change at Work ☐ Nearing Retirement ☐ Already Retired ☐ Other

Notes: _____

Section 2: Other Insurance and Financial Services—Where Do You Have Your...

☐ Life insurance ☐ Work ☐ None ☐ Other _____

☐ Retirement Accounts, Pension & Investments ☐ Work ☐ None ☐ Other _____

☐ Income Replacement Insurance ☐ Work ☐ None ☐ Other _____

☐ Long-term Care Insurance ☐ Work ☐ None ☐ Other _____

Notes: _____

Section 3: Which Topic/Topics Does the Customer Want to Discuss Further?

☐ Life Insurance ☐ Retirement/Investing ☐ Income Replacement ☐ Long-Term Care Insurance

Notes: _____

Section 4: Contact Information—How Would the Customer Like to be Contacted?

Best Phone Number

☐ Cell ☐ Home ☐ Work

Preferred Email Address

☐ Home ☐ Work

Best Time to Reach

☐ AM ☐ PM

Section 5: Action Taken

☐ Appointment Set ☐ Created To-Do in eAgent ☐ Sent Form to EFS Team ☐ Other

Notes: _____

Total Points:

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