

Life Insurance Policy Review Request



FINANCIAL ADVISOR INFORMATION:

Name: _____ Email Address: _____
 Phone #: _____ Fax #: _____
 City/State: _____ Firm/Broker Dealer/BGA: _____

CLIENT INFORMATION:

Name: _____
 DOB: _____

Please provide the following information regarding any existing life insurance policy or policies (Include a copy of the most recent policy statement or in-force illustration for each of the client's current policy(ies):

Insurance carrier: _____
 Type of policy: _____
 Death benefit amount: \$ _____
 Premium amount: \$ _____

Reason for life insurance (check all that apply):

- Income Replacement Estate Planning
 Supp. Retirement Income Business Planning
 Legacy/Chronic Care Other: _____

Insurance carrier: _____
 Type of policy: _____
 Death benefit amount: \$ _____
 Premium amount: \$ _____

Reason for life insurance (check all that apply):

- Income Replacement Estate Planning
 Supp. Retirement Income Business Planning
 Legacy/Chronic Care Other: _____

Insurance carrier: _____
 Type of policy: _____
 Death benefit amount: \$ _____
 Premium amount: \$ _____

Reason for life insurance (check all that apply):

- Income Replacement Estate Planning
 Supp. Retirement Income Business Planning
 Legacy/Chronic Care Other: _____

Sex:

- Male Female

Current Health Status:

- Good Poor Unknown

Known Conditions: _____

Nicotine User:

- Yes No

If Yes, please provide the following information:

- Cigarette Cigar, Pipe, Smokeless

Dependent(s): # _____ Age(s): _____

Liabilities: \$ _____

Annual Income: \$ _____

IRA/401(k)/Other Investments: \$ _____

Please provide any additional relevant information:

Once you have completed the request form, please contact your Life Wholesaling Team for assistance in reviewing clients' protection needs and current coverage.