

# Life Insurance Policy Review Fact finder

Note to Financial Professional: Please work with your client to complete this fact finder.

## Section 1 – Client Information

If more than one (1) client, please fill out additional Client Information page.

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: (\_\_\_\_) \_\_\_\_\_  
Client's Name: \_\_\_\_\_ State: \_\_\_\_\_  
Client's Birthdate: \_\_\_\_\_

Has tobacco use status changed since current policy was issued?  Yes  No

Did client ever use tobacco in any form (cigarettes, cigars, chewing tobacco, etc.)?  Yes  No

If **YES**, please specify the form of tobacco and the quantity used: \_\_\_\_\_

If client no longer uses tobacco in any form, when did client quit? \_\_\_\_\_

Has health changed since current policy was issued?  Yes  No

Build: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any weight change (ten pounds or more) in the last year?  Yes  No If **YES**, how much? \_\_\_\_\_

Reason for weight change: \_\_\_\_\_

List medication(s) including the dosage: \_\_\_\_\_

Does the client have parents or siblings with **history of or death from** cancer, heart attack or diabetes? Indicate age(s) of onset of cause(s) of death: \_\_\_\_\_

Current blood pressure: \_\_\_\_/\_\_\_\_ Current cholesterol level: \_\_\_\_ Ratio: \_\_\_\_ HDL: \_\_\_\_ LDL: \_\_\_\_

Are you a U.S. citizen?  Yes  No If **NO**, please note immigration status: \_\_\_\_\_

**Check all boxes applying to health, treatment, avocations, etc. If any boxes have been checked, additional Preliminary Inquiry Form may be needed.**

- |                                              |                                         |                                         |                                       |
|----------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alcohol/Drugs       | <input type="checkbox"/> Depression     | <input type="checkbox"/> Lung Disorders | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aviation            | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Racing         | _____                                 |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> DUI/DWI        | <input type="checkbox"/> Scuba Diving   | _____                                 |
| <input type="checkbox"/> Cardiac             | <input type="checkbox"/> Foreign Travel | <input type="checkbox"/> Sleep Apnea    | _____                                 |
| <input type="checkbox"/> Criminal Background | <input type="checkbox"/> Hypertension   | <input type="checkbox"/> Sky Diving     | _____                                 |

Please list all doctors seen in the last five years:

Name and Specialty	City, State	Phone Number	When? / Why?

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: (\_\_\_\_) \_\_\_\_\_

**Section 2 – Policy Goals and Product Design**

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What is the total current life insurance in-force? \$ \_\_\_\_\_

What is the reason this life insurance was purchased? (check one) and has this reason changed?  Yes  No

- |                                                |                                                |                                          |
|------------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Survivor Needs        | <input type="checkbox"/> Business Continuation | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Key Person Protection | <input type="checkbox"/> Retirement Income     | <input type="checkbox"/> Other _____     |

What type of coverage is required?  Survivorship coverage insuring both lives  
 Single coverage insuring client's life  
 Single coverage insuring spouse's life

How much Death Benefit is required at this time? \$ \_\_\_\_\_  Level  Increasing

Primary concern if improvement is possible?  Increase Death Benefit  Reduction in Premium  
 Extended Coverage Duration

Do you want Death Benefit Guarantees?  Yes  No

How long of policy duration is required?  Lifetime  Age 110  Age 105  Age 100  Other (to age \_\_\_\_)

How long will premiums be paid?  Level premiums for life \_\_\_\_\_ level premium for # years \_\_\_\_\_  
 Other (please describe) \_\_\_\_\_

Avoid Modified Endowment Contract (MEC) statute?  Yes  No

If VUL, what hypothetical gross rate \_\_\_\_\_%

**Section 3 – Information on Existing Life Insurance**

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A separate section show be prepared for each existing policy. Please fill out as completely as possible.

Name of the Current Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

What is the current Death Benefit? \$ \_\_\_\_\_ What is the current billed premium? \$ \_\_\_\_\_

What is the current Cash Surrender Value? \$ \_\_\_\_\_ What is the premium currently being paid? \$ \_\_\_\_\_

What is the policy issue date? \_\_\_\_\_

Type of policy (check one):

- |                                                   |                                                       |                                         |                                     |
|---------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Universal Life           | <input type="checkbox"/> Variable Universal Life      | <input type="checkbox"/> Term           | <input type="checkbox"/> Group Term |
| <input type="checkbox"/> Participating Whole Life | <input type="checkbox"/> Non-Participating Whole Life | <input type="checkbox"/> Graded Premium | <input type="checkbox"/> Other      |

Is this policy  Single Life or  Joint Life?

Who is the owner of the policy? \_\_\_\_\_

Who is the policy beneficiary? \_\_\_\_\_

Are there any loans on the existing contract?  Yes  No If **Yes** – the loan amount: \$ \_\_\_\_\_

What is the premium basis (Total premiums paid to date)? \$ \_\_\_\_\_

Is this Policy an MEC?  Yes  No

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: (\_\_\_\_) \_\_\_\_\_

**Section 3 – Information on Existing Life Insurance (2)**

Name of the Current Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

What is the current Death Benefit? \$ \_\_\_\_\_ What is the current billed premium? \$ \_\_\_\_\_

What is the current Cash Surrender Value? \$ \_\_\_\_\_ What is the premium currently being paid? \$ \_\_\_\_\_

What is the policy issue date? \_\_\_\_\_

Type of policy (check one):

- |                                                   |                                                       |                                         |                                     |
|---------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Universal Life           | <input type="checkbox"/> Variable Universal Life      | <input type="checkbox"/> Term           | <input type="checkbox"/> Group Term |
| <input type="checkbox"/> Participating Whole Life | <input type="checkbox"/> Non-Participating Whole Life | <input type="checkbox"/> Graded Premium | <input type="checkbox"/> Other      |

Is this policy  Single Life or  Joint Life?

Who is the owner of the policy? \_\_\_\_\_

Who is the policy beneficiary? \_\_\_\_\_

Are there any loans on the existing contract?  Yes  No If **Yes** – the loan amount: \$ \_\_\_\_\_

What is the premium basis (Total premiums paid to date)? \$ \_\_\_\_\_

Is this Policy an MEC?  Yes  No

**Section 3 – Information on Existing Life Insurance (3)**

Name of the Current Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

What is the current Death Benefit? \$ \_\_\_\_\_ What is the current billed premium? \$ \_\_\_\_\_

What is the current Cash Surrender Value? \$ \_\_\_\_\_ What is the premium currently being paid? \$ \_\_\_\_\_

What is the policy issue date? \_\_\_\_\_

Type of policy (check one):

- |                                                   |                                                       |                                         |                                     |
|---------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Universal Life           | <input type="checkbox"/> Variable Universal Life      | <input type="checkbox"/> Term           | <input type="checkbox"/> Group Term |
| <input type="checkbox"/> Participating Whole Life | <input type="checkbox"/> Non-Participating Whole Life | <input type="checkbox"/> Graded Premium | <input type="checkbox"/> Other      |

Is this policy  Single Life or  Joint Life?

Who is the owner of the policy? \_\_\_\_\_

Who is the policy beneficiary? \_\_\_\_\_

Are there any loans on the existing contract?  Yes  No If **Yes** – the loan amount: \$ \_\_\_\_\_

What is the premium basis (Total premiums paid to date)? \$ \_\_\_\_\_

Is this Policy an MEC?  Yes  No

Would you like to discuss Long Term Care insurance?  Yes  No

Would you like to discuss Disability Insurance?  Yes  No

Would you like to discuss Annuities?  Yes  No

Client Signature \_\_\_\_\_ Date \_\_\_\_\_