

SUMMARY OF IN-FORCE INSURANCE POLICY

Not all information is necessary, complete as much as you know.

There is no need to include information that is already in an annual report or in-force ledger.

Insured Name _____ Carrier _____
Date of Birth _____ Product Name _____
Underwriting Rate Class _____ Product Type _____
Policy Owner _____ Issue Date _____
Beneficiary _____ Riders _____
Death Benefit \$ _____
Premium \$ _____
Premium Mode _____

PERMANENT POLICY

Death Benefit Option _____
Cash Accumulation Value \$ _____
Cash Surrender Value \$ _____
Surrender Charge Period _____
Current Interest Rate _____ %
Guaranteed Interest Rate _____ %
Guaranteed to Age _____
Proj. Cash Value _____
Is the policy projected to lapse at a certain age? Y / N

TERM INSURANCE

Level Term Period _____
Yrs. Remaining of Term Period _____
Yrs. Remaining of Conversion _____

PRIORITIES FOR THE REVIEW

- Lower Premium
- Higher Death Benefit
- Longer Guarantees
- More Liquidity
- Higher Cash Values
- Additional Benefits (LTC, Critical Illness)

What was the original purpose of the life insurance?

Summary of health concerns or issues, or include a health questionnaire

Please include any annual reports or in-force ledgers you might have.