

Policy Evaluation Guide
Please Complete – One per policy



Current Information

Insured Name: _____ DOB: _____ Gender: _____

Additional Insured Name: _____ DOB: _____ Gender: _____

Policyowner (if different than insured) _____

Policyowner's Phone:

Policyowner's Fax:

Policyowner's Email Address:

Policy Information

Policy Number _____ Policy Date _____ Policy Type _____

Original purpose of insurance _____

Does this purpose still exist? Has it changed? Please explain.

Original underwriting class – any health or occupation changes since policy issue

Policy Design Current Face Amount: _____

Current Premium _____ Assumed interest rate _____

Guaranteed interest rate _____ Age Policy Matures _____

Age policy Terminates _____

Option (increasing, level, face + premiums)

Riders _____ Current Cash Value \$ _____

Any loans? Please include amount, interest rate, status, and plans for payback.

Other policy information:


In-Force Illustration Requirements

- Current in-force on a go-forward basis with current interest rates
 - Current in-force on a go-forward basis with premium structure to attain above maturity values
 - Solve to pay premiums for _____ years to attain \$ _____ cash value at maturity
 - Other
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Considerations


How long will to maintain death benefit?

Today Life Expectancy Age 100 Beyond 100



How many years to pay premiums?

1 year 5 years 10 years 20 years Life expectancy All years



Prioritize objectives

Rank from 1 to 3, 1 being **most important**. Use each number only once.

_____ Accumulate money for later withdrawals

_____ Accumulation is secondary; death benefit guaranteed

_____ Pay the lowest premium; less concerned about returns and guarantees

The most recent policy statement contains valuable information. Obtain a copy with this form if possible.