Annual Life Insurance Policy Review

Specially Prepared For:

________________________________________________________

Agent Providing Your Beneficiary Review:

__________________________________________________________________

Date_______________________________________________________________

Important note
This form is intended to assist policy owners in a review of their arrangements for disposition of their assets upon their death. It is not intended to be estate planning, financial planning, or to offer legal advice. If legal, tax, accounting, or other professional services or advice is needed, the services of a competent professional should be sought.

Instructions to complete form
The purpose of the form is for policy owners and prospective clients to determine if their current beneficiary designations meet their goals.

If current and desired plans do not match, the life insurance professional may assist the client in completing any changes to beneficiary designations, if requested to do so.

Complete all areas that apply.

Strict Confidentiality
The data contained in this form shall be held in strict confidence and may not be shared with any other person, or organization, including legal, tax, or accounting professionals without the prior authorization of the client.
PART ONE: client information

Full name ________________________________________________________________

Home address ____________________________________________________________

Business address _________________________________________________________

Occupation ______________________________________________________________

Approximate annual income ________________________________

Date of birth _____________________________________________

Have you ever changed your state of residence?  □ Y  or  □ N
If yes, when? _______________________________

Are you divorced?  □ Y  or  □ N  Year of divorce, if applicable ______________

Full name of spouse ______________________________________________

Spouse’s date of birth _____________________________________________

Children of current marriage:

1) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

2) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

3) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

4) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

Children of prior marriage:

1) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

2) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

3) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________

4) Full name______________________________________________________________
   Home address _________________________________________________________
   Phone___________________________  Birthdate___________________________
Names and ages of grandchildren

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Names of client’s parents (if deceased, so indicate)

Name ____________________________________________________________
Home address _______________________________________________________ 
Age __________________________ Phone No. __________________________

Names of spouse’s parents (if deceased, so indicate)

Name ____________________________________________________________
Home address _______________________________________________________ 
Age __________________________ Phone No. __________________________

Other relatives and individuals who are part of your disposition plan

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Advisors

Guardians of minor children ____________________________________________
Address ____________________________________________________________ 
Phone _______________________________

Executors of your will(s) __________________________________________________
Address ____________________________________________________________ 
Phone _______________________________

Your attorney ____________________________________________________________
Address ____________________________________________________________ 
Phone _______________________________

Your accountant __________________________________________________________
Address ____________________________________________________________ 
Phone _______________________________

Financial advisor _________________________________________________________
Address ____________________________________________________________ 
Phone _______________________________

Other _________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________

What would you like to achieve as a result of this beneficiary review?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
PART TWO

Please indicate the beneficiaries or disposition of assets in each category below. Ignore any categories which do not apply to you. If no change of beneficiary is desired, leave the “desired” column blank.

Your Beneficiary Designations

Life Insurance

<table>
<thead>
<tr>
<th>Company</th>
<th>Face Amount</th>
<th>Length of Contract</th>
<th>Year Issued</th>
<th>Current Primary</th>
<th>Desired Primary</th>
<th>Contingent</th>
<th>Change Needed (Y or N)</th>
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Comments and observations _________________________________________________________
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Qualified Plans and IRAs

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<thead>
<tr>
<th>Type of Plan</th>
<th>Employer or Provider</th>
<th>Plan Balance</th>
<th>Current Primary</th>
<th>Desired Primary</th>
<th>Contingent</th>
<th>Change Needed (Y or or N)</th>
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Comments and observations _________________________________________________________
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Example
### Deposit Accounts

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Type of Account</th>
<th>Balance</th>
<th>Maturity Date (if any)</th>
<th>Current Primary</th>
<th>Desired Primary</th>
<th>Contingent</th>
<th>Change Needed (Y or N)</th>
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Comments and observations _________________________________________________________
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### Other Investments (stocks, mutual funds, real estate, and other investments)

<table>
<thead>
<tr>
<th>Type of Investment</th>
<th>Value</th>
<th>Current Primary</th>
<th>Desired Primary</th>
<th>Contingent</th>
<th>Change Needed (Y or N)</th>
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Comments and observations _________________________________________________________
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YOUR WILL

Do you have a will? □ Y or □ N  Does your spouse have a will? □ Y or □ N
If yes, complete the balance of this section. Otherwise proceed to “YOUR TRUST”:

Year will was signed by: Client __________________ Spouse _____________________
Year will was last updated: Client __________________ Spouse _____________________
State in which will was executed: Client __________________ Spouse _____________________

Assets passed by your will – indicate estimated value:
Personal property __________________ Real estate __________________
Investments __________________ Collections __________________

Other assets – List key assets and estimated value:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Other will provisions:
Names of guardians _________________________________________________________
Trust created _______________________________________________________________
Other ________________________________________________________________

Do you own a business interest? □ Y or □ N  If yes:
Business name and type of business ____________________________________________
Estimated value owned by you and your spouse _________________________________
Buy and sell arrangement in force? □ Y or □ N
Date of buy and sell ___________________ Last reviewed on ______________________

Consult your attorney with regard to changes or updating or review of your will or other legal documents.

YOUR TRUST

Do you have a trust? □ Y or □ N  If yes, complete the balance of this section. Otherwise proceed to “JOINT TENANCY”:

What is the purpose of your trust? ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Year trust was completed ___________ Last reviewed on ______________________
Name of trust  ______________________________________________________________
Name of trustee  _____________________________________________________________
List trust beneficiaries _______________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Assets payable to or owned by the trust – List key assets and approximate value:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Consult with your attorney with regard to updating or reviewing your trust.
JOINT TENANCY

List all property owned jointly with others:

<table>
<thead>
<tr>
<th>Property Description</th>
<th>Approximate Value</th>
<th>Names of Joint Owners</th>
<th>Change Needed (Y or N)</th>
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Comments and observations_________________________________________________________
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OTHER INFORMATION

This space is for any other information which may be relevant to the beneficiary review.
_________________________________________________________________________________
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REFERRALS

Assuming that you are completely satisfied with the service which I have provided, I appreciate you providing me with five referrals who might be interested in a beneficiary review. Thank you in advance.

Name ____________________________ Occupation ______________________
Address ____________________________________________________________________
Phone ____________________________

Name ____________________________ Occupation ______________________
Address ____________________________________________________________________
Phone ____________________________

Name ____________________________ Occupation ______________________
Address ____________________________________________________________________
Phone ____________________________

Name ____________________________ Occupation ______________________
Address ____________________________________________________________________
Phone ____________________________

Name ____________________________ Occupation ______________________
Address ____________________________________________________________________
Phone ____________________________

NOTES

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AUTHORIZATION LETTER
INSURANCE/BENEFIT

Date: ______________________

To: _______________________ From: (Company Name)
_______________________   (Agent Name)
_______________________   (Address)
_______________________

Attention: Policyholders Service Department

I have contracted (Agent Name) of (Company Name) address listed above, to analyze my total personal and/or business financial situation and make recommendations based on this analysis.

To enable (Company Name) to properly do this, they need to make inquiries to you concerning my personal financial affairs.

I hereby authorize you to give any information, on a timely basis, to (Company Name) personnel for which they may ask. Your cooperation in this matter will be greatly appreciated.

A PHOTOCOPY of this Authorization shall be as valid as the original and honored as such.

Please attach a current updated in-force ledger and the information requested below.

_________________________________   _____________________________
Client Signature    Client Signature (Spouse)

Date Signed: ______________________

Policy Number: ___________________ FaceValue: _______________________
Policy Owner: ______________________________________________________
Primary Beneficiary: ________________________________________________
Contingent Beneficiary: _____________________________________________
Cash Value: ___________________ Dividends: ___________________________
Annual Premium: ___________________ Riders: _________________________

OUTSTANDING LOANS ON LIFE INSURANCE POLICIES:

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Amount Outstanding</th>
<th>Interest Rate</th>
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