

Premium Financing Fact Finder

Producer Information

NAME _____
COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
EMAIL _____

Client Information

CLIENT NAME _____
DOB _____ GENDER _____
UNDERWRITING CLASS _____ TOBACCO YES NO
ANY KNOWN HEALTH CONDITIONS: _____

CLIENT 2 NAME _____
DOB _____ GENDER _____
UNDERWRITING CLASS _____ TOBACCO YES NO
ANY KNOWN HEALTH CONDITIONS: _____

STATE _____ ADJUSTED GROSS INCOME _____
NET WORTH \$ _____
LIQUIDITY \$ _____

Financing Information

SOURCE OF ADDITIONAL COLLATERAL _____
INTEREST OPTIONS INTEREST IN ADVANCE
 INTEREST IN ARREARS

WILL THE POLICY OWNER MAKE PREMIUM CONTRIBUTIONS ABOVE
THE INTEREST PAYMENTS? YES NO

Life Insurance Information

TYPE OF INSURANCE UL IUL WL
 SUL SIUL SWL

LIFE INSURANCE PURPOSE _____

TOTAL DEATH BENEFIT NEED \$ _____

DEATH BENEFIT OPTION LEVEL INCREASE ROP

HOW WAS THE AMOUNT DETERMINED? _____

TOTAL AMOUNT CURRENTLY IN FORCE \$ _____

OWNERSHIP INFO ILIT LLC OTHER _____

Exit Strategy

WHAT ASSETS WILL BE USED TO REPAY THE LOAN? _____

WHEN DOES THE POLICY OWNER INTEND TO REPAY THE
LOAN? _____

WILL THE POLICY OWNER MAKE PREMIUM PAYMENTS
AFTER LOAN REPAYMENT? _____

Requested Support

PRODUCT SELECTION YES NO

PF PLAN DESIGN YES NO

PF PRESENTATION MATERIALS YES NO

LIFE UNDERWRITING NEGOTIATION YES NO

CARRIER COVER LETTER YES NO

PF LOAN NEGOTIATION YES NO

CLIENT MEETINGS/PRESENTATIONS YES NO

ONGOING PF LOAN SERVICING YES NO

PRODUCER SIGNATURE: _____

DATE _____

Email to: jim@aaronadvantage.com

If you have questions, call 800.741.0346