Life Insurance Policy Review Fact Finder

AARON ADVANTAGE
AGENCY

Client Information

Name(s):_____

Client's Date of Birth: _____ Smoker? (Y/N): _____ Client's Risk Class at Time of Issue: _____

Client's Current Health Status: _____

Spouse's Date of Birth: _____ Smoker? (Y/N): _____ Client's Risk Class at Time of Issue: _____

Spouse's Current Health Status: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Advisor Information

Advisor Name: _____

Advisor's Broker Dealer/ General Agency: _____

Advisor's Address: _____

City: _____ State: _____ Zip Code: _____

Advisor's E-mail: _____

Advisor Phone: _____ Advisor's Fax: _____

Current Life Insurance Information

Name of the Current Company: _____ What is the Policy Issue Date: _____

Name of Product: _____ Amount of Life Insurance Death Benenefit: $ _____

Name of Insured: _____ Name of Owner: _____

Type of Policy *(check one)*: ☐ Term ☐ Universal Life ☐ Survivorship Universal Life ☐ Whole Life

☐ Variable Universal Life ☐ Survivorship Variable Universal Life *If VUL, what was the hypothetical gross rate?* _____%

If premium paying, what is the current monthly, quarterly, semi-annual or annual premium? $ _____

What was the purpose of insurance coverage? *(check one)*

    ☐ Personal Coverage   ☐ Business Continuation   ☐ Estate Planning

    ☐ Key Person   ☐ Retirement Income   ☐ COLI/BOLI

How was the current life insurance illustrated? *(check one)*

    ☐ Guaranteed DB   ☐ Return of Premium   ☐ Solving for Cash Value

    ☐ Limited Pay   ☐ Lump Sum/1035   ☐ To Age 100

Are there any existing loans on the contract? ☐ Yes ☐ No Amount of Loan: $ _____

Is the client making payments on the loan? ☐ Yes ☐ No If yes, then how much are they paying? $ _____

What is the current crediting rate? _____% Is this Policy a MEC? ☐ Yes ☐ No

Does the client have any additional policies? ☐ Yes ☐ No If yes, please attach a separate sheet for each policy.

Any additional life insurance policy details: _____