



POLICY EVALUATION GUIDE – Data Form – One Per Policy

Current Information

Insured Name	DOB	Gender	Additional Insured Name	DOB	Gender
Original Underwriting Class – any health changes since issue			Original Underwriting Class – any health changes since issue		
Policy Owner (if different than Insured)			Policy Owner Email Address		
Policy Owner's Phone: Fax:		Beneficiary Information			

Policy Information

Carrier	Policy Date	Policy Type	Face Amount
Policy Number			
Original Purpose of Insurance		Does Purpose Still Exist? Has it Changed? If so, Explain.	

Policy Design

Premium Structure	Target CV \$ _____ At Maturity age (_____)
Option (increasing, level, face + premiums)	Riders
Current Cash Value \$ _____	
Any loans? Please indicate the amount, interest rate, status and plans for payback (if any).	

Other Policy Information

Notes

Considerations

How long will you require death benefit?	Today	Life Expectancy	Age 100	Beyond 100
How many years do you wish to pay premiums?	1 year	5 yrs	10 yrs	20 yrs
				Life Expectance
				All years

Prioritize Objectives

Rank from 1-3, 1 being the most important
- use each number only once

_____ I want to accumulate money for later withdrawals

_____ Accumulation is secondary, I want the death benefit guaranteed

_____ I want to pay the lowest premium and sacrifice returns and guarantees

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