

Inforce Policy Review

Date: _____

To: _____

From: _____

Subject: _____

Policy #: _____

Owners SS #: _____

- **We request the following Inforce illustrations with the following parameters:**

[] If policy is a General Account Product then:

1. At current premium and current interest rates.
2. At current premium and at 100 basis points below current interest rates.
3. Please solve for premium to endow the policy at full-face amount at current interest rates.
4. Please solve for premium to endow the policy at full-face amount at 100 basis points below current interest rates.

Questions:

1. What is the present rate of interest credited to this policy?
2. For how long will that rate be guaranteed?

[] If policy is a Variable life Product then:

- a) At current premium, with current charges, and at Gross Rates of 6%, 8%, and 10% respectively (3 separate illustrations).
- b) If policy does not endow at maturity, please run illustrations solving for premiums needed at Gross Rates of 6%, 8%, and 10% (3 separate illustrations).

What is the present cash value/cost basis? \$ _____ / \$ _____

What is the current surrender value? \$ _____

Please provide a copy of the wording in the policy that address's the eventuality of the policy maturing, in respect to the following:

1. What will occur with regard to the policy proceeds?
2. What will any attendant tax consequences be?

Please send a duplicate copy to my financial advisor/insurance agent:

Thank you for your prompt attention to this matter.

Policy Owner

Date

Current Client Data

Insured: _____

Second Insured: _____

Date of Birth _____

Date of Birth _____

Gender: M/F/U

Gender: M/F/U

Nicotine User: Yes or No Type: ___

Nicotine User: Yes or No Type: ___

What is the client's current state of health?

Are any of the above clients taking any current medications?

If so, provide names of the prescriptions.

Any health problems whatsoever?

Normal height and weight?

Blood pressure medication?

What do you intend to ultimately do with these assets?
 Do you need the income from these assets to meet your monthly living expenses?

Taxed Now Assets

(Income tax may be payable on interest, dividend income and capital gains)

Description	Is Income Needed?		Where Do You Ultimately Want These Assets To Go?		
	Yes	No	Children	Grandkids	Charity
Savings Accounts \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking Accounts \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.D.s \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Total \$ _____					

Taxed Later Assets

(May be subject to income and estate taxes)

Description	Is Income Needed?		Where Do You Ultimately Want These Assets To Go?		
	Yes	No	Children	Grandkids	Charity
IRAs \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401(k)/403(b) \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Annuities \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Bonds \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Total \$ _____					

Taxed Never Assets

(May be subject to estate taxes)

Description	Is Income Needed?		Where Do You Ultimately Want These Assets To Go?		
	Yes	No	Children	Grandkids	Charity
Roth IRAs \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muni-Bonds \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.-Husband \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.-Husband \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.-Wife \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.-Wife \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.-Joint \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Total \$ _____					
Total All Assets \$ _____					

CLIENT INFORMATION

Client Name	DOB
Spouse Name	DOB
Children's Names	DOB
	DOB
	DOB
	DOB

SUMMARY FOR TAX-EFFICIENCY CHECK-UP
