

LIFE INSURANCE LIFE POLICY REVIEW WORKSHEET

Background Information on Current Policy:

Agent Name: _____

Insured Name: _____

Insured's Date of Birth ____/____/____

Sex: Male Female

Insurance Type: Term Universal Life Whole Life Variable Life Don't Know

Original Policy Date: ____/____/____

Name of Insurance Carrier: _____

Insurance Amount: \$ _____

What health classification did client get on current policy? (✓ all that apply)

- Preferred Plus Preferred Tobacco
 Preferred Non-Tobacco Standard Tobacco
 Standard Non-Tobacco Rated as a Table _____

Approximate Cash Value Amounts (If applicable): \$ _____

What is the annualized premium? \$ _____ Write "None" if applicable

Health Questions:

Height: _____ Weight: _____

Medications: (List name of meds, dosage and frequency taken)

Have there been any changes in health since this policy was taken out? Yes No (If yes, describe)

Please fax the following to the attention of Ron Blauvelt – life director (IPG) at 480-488-3361.

This policy review worksheet (Required)

Last annual policy statement (Required)

Signed limited power of attorney form (Available on the CUE form Web page)

NOTE: Limited POA is necessary to get in-force ledgers from their current insurance carrier but will only be used if preliminary analysis shows the current policy can be improved upon.

