

FACT FINDER

Performance Evaluation for Trust Owned Life Insurance

Section A: Trust Information

Trust 1

Trust Name: _____ Dated: _____

Tax ID#: _____ State Trust Established: _____

Type of Trust (revocable, irrevocable, testamentary) _____

Attorney Who Prepared the Trust: _____ Phone: (____) _____

Address: _____

Trustee(s): (a) _____ (c) _____

(b) _____ (d) _____

Address: _____

Grantor(s): (a) _____ SS#: _____ DOB: _____

(b) _____ SS#: _____ DOB: _____

Address: _____

Beneficiaries: (a) _____ (c) _____

(b) _____ (d) _____

Trust 2

Trust Name: _____ Dated: _____

Tax ID#: _____ State Trust Established: _____

Type of Trust (revocable, irrevocable, testamentary) _____

Attorney Who Prepared the Trust: _____ Phone: (____) _____

Address: _____

Trustee(s): (a) _____ (c) _____

(b) _____ (d) _____

Address: _____

Grantor(s): (a) _____ SS#: _____ DOB: _____

(b) _____ SS#: _____ DOB: _____

Address: _____

Beneficiaries: (a) _____ (c) _____

(b) _____ (d) _____

Section B: Life Insurance Portfolio

Life Insurance Carrier	Policy Number	Date	Policy Type	Premium	Death Benefit

Are there any other Assets currently held in Trust? (if Yes, please provide details)

Section C: Trust Objectives

Please provide details as to the purpose of establishing the Trust:

How long is the Trust likely to last? _____

What actions are required of the Trustee(s)? _____

What does the trust state about life insurance? _____

What does the trust state about diversification? _____

CERTIFICATION OF TRUSTEE(S): Each of the undersigned trustees individually certifies that: (a) all of the above information is true and may be relied on by The Travelers; (b) they have the right to own and purchase life insurance on the life of the Proposed Insured under the terms of the Trust and applicable law; (c) by completing this certification and acknowledgement and the life insurance application, they have the power to bind the Trust to purchase the policy; (d) the Trust is in full force and effect as of the date of the application; (e) under the terms of the Trust and applicable law, the trustees have the authority to exercise all rights and powers under the policy without the consent of the Proposed Insured(s), including but not limited to, purchasing of insurance, naming and changing beneficiaries, paying premiums, surrendering the policy, withdrawal of cash value, borrowing, and assigning or transferring the policy or its proceeds; and (f) the purchase and ownership of the policy by the Trust is being made upon the advice of legal counsel familiar with the objectives of the Trust, the Proposed Insured(s), the Grantor(s) and the Beneficiary(ies). Payment by The Travelers of policy proceeds to the trustees shall constitute satisfaction of the obligation of The Travelers under the policy to the extent of such payment.

Signature of Trustees Date Signed

Policy Receipt

Thank you for allowing us access to your current life insurance policies. Please be assured we will keep your documents and the information they contain confidential and safe. _____ (Representative) acknowledges receipt of the following life insurance policies to be utilized for review purposes only. We cannot and will not affect any policy changes. All such requests require carrier specific forms and policy owner signatures.

Insurance Carrier	Policy Number

All information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of _____ (Representative), affiliated insurance companies and their reinsurers.

We will return your contracts and any supporting information promptly upon the completion of the Performance Review process.

Trustee

Date

Trustee

Date

Trustee

Date

Advisor

Date

Representative

Date