

POLICY REVIEW [SAMPLE]

Prepared for: John Doe | Advisor: Valued Advisor

Date Prepared: 01/01/2016

CURRENT POLICY	
INSURED	John Doe
DOB	11/14/1980
CARRIER	New York Life
POLICY #	6691098
ISSUE DATE	1/6/1991
PRODUCT	Universal Life
RISK CLASS	Preferred Non-Tobacco
BENEFICIARY	Jane Doe
DEATH BENEFIT	\$1,000,000
ANNUAL PREMIUM	\$9,000
SURRENDER VALUE	\$255,423
GUARANTEED LAPSE DATE	Age 74
PROJECTED LAPSE DATE	Age 89
PROJECTED CASH @65	\$481,737
PROJECTED CASH @85	\$105,005
PROJECTED CASH @100	\$0

LOWER PREMIUM	Purchase a new Guaranteed Universal Life policy and maintain the current \$1,000,000 face amount			
	CARRIER	PREMIUM	FACE AMOUNT	GUARANTEE PERIOD
	Current Policy	\$9,000	\$1,000,000	To Age 74
	Symetra	\$0	\$1,000,000	To Age 121
	Lincoln	\$1,656	\$1,000,000	To Age 121
	Protective	\$3,496	\$1,000,000	To Age 121*

HIGHER BENEFIT	Purchase a new Guaranteed Universal Life policy and maintain the current \$9,000 annual premium			
	CARRIER	PREMIUM	FACE AMOUNT	GUARANTEE PERIOD
	Current Policy	\$9,000	\$1,000,000	To Age 74
	Symetra	\$9,000	\$1,847,054	To Age 121
	Lincoln	\$9,000	\$1,553,121	To Age 121
	Protective	\$9,000	\$1,088,966	To Age 121*

PAY NO MORE	Purchase a new Guaranteed Universal Life policy and pay \$0 additional premium			
	CARRIER	PREMIUM	FACE AMOUNT	GUARANTEE PERIOD
	Current Policy	\$9,000	\$1,000,000	To Age 74
	Symetra	\$0	\$1,044,124	To Age 121
	Lincoln	\$0	\$843,101	To Age 121
	Protective	\$0	\$545,898	To Age 121*

*Based upon current policy charges and the current interest crediting rate of 4.5%
 - Assumes a tax-free exchange of the surrender value in the current policy of \$225,423
 - Assumes a Preferred Non-Tobacco rate class

POLICY REVIEW AUTHORIZATION

Policy (Current Insurance Company)

Insured DOB

Policy Owner Social Security # or TIN

Address

Policy Number(s)

Policyowner Signature(s) Date Capacity (owner, POA, trustee, etc.)

To be completed by Advisor

To Whom It May Concern:

I hereby grant _____ access to any and all information from your company pertaining to me and any of my life insurance policies.

Please forward a current status (cash values, loans, etc.) and an in-force illustration on the above referenced insurance policies. The in-force illustration should be run as follows:

- Current & guaranteed hypothetical interest rate
- Hypothetical rate of return of 0% and 6% 8% other _____ % (not to exceed 12%)

Type of in-force illustration(s) requested (Check all that apply):

- Full Pay – pay scheduled premium all years
- Limited Pay – scheduled premium payments stop when values adequate to endow policy
- Solve for level premium to endow policy
- Please also provide current account value, surrender value and beneficiary designations
- Other:

I authorize you to forward this information via fax to _____ 805.557.1503