

Policy Evaluation Program

program fact finder



Advisor Information

Name	Phone Number	Email Address
------	--------------	---------------

Client/Policy Information *(Note: if there is more than one policy, attach additional Fact Finder(s) with relevant policy information.)*

First Insured Name	Date of Birth	Proposed Underwriting Class <i>(Indicate any health-related concerns in the Notes section)</i>
Second Insured Name	Date of Birth	Proposed Underwriting Class <i>(Indicate any health-related concerns in the Notes section)</i>

Policy Number <i>(Required for in-force ledger)</i>	Company	Policy Type	Policy Date
---	---------	-------------	-------------

Original Policy Design

Premium: Pay _____ for _____ years Outcome: _____ at age 100
 Interest Rate Assumption used in original illustration _____ Policy Purpose _____

Original Purpose of Insurance

Estate Planning
 Death Benefit
 Cash Value Accumulation
 Qualified Retirement Plan
 Buy-Sell
Is original purpose still valid for the policy? YES NO
Has the insured(s) health changed since policy was issued? YES NO
Has the insured(s) tobacco use status changed since policy was issued? YES NO

New Illustration Design *(Check all that apply)*

<input type="radio"/> Use original policy design as above <input type="radio"/> Change policy design <ul style="list-style-type: none"> <input type="radio"/> Guaranteed premium solve Pay premium for _____ years to solve for _____ at age 100 <input type="radio"/> Premium solve Pay premium for _____ years to solve for _____ at age 100 <input type="radio"/> Consider for a life settlement (ages 70+) <input type="radio"/> Other _____ <input type="radio"/> Are there any loans against the policy's cash value? YES NO If yes, how much? _____ <input type="radio"/> What is the policy's cash value? _____ If different from the policy's cash value, what is the policy's cash surrender value? _____ 	Interest Rate Assumptions If WL or UL — Current or other _____
--	--

Please submit a copy of the in-force ledger along with any other pertinent information.
If you are not the Agent of Record, please provide Agent Authorization Letter.

Additional Notes *(Include any changes in health status)*

Unless specified, we will deliver to email listed above.

For use with non-registered products only.



For Financial Professional Use Only. Not intended for use in solicitation of sales to the public. The Policy Enhancement Program is a complimentary service offered by Tellus Brokerage Connections to assist consumers in analyzing their existing insurance policies. For use with non-registered products only. It is not a program designed to encourage consumers to replace existing insurance policies. Products and programs offered through Tellus are not approved for use in all states. Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value 02.12 PEPR12-2442-B-5, exp. 08/13

Request for In-force Policy Illustration

Insurance Carrier _____

Insured(s) _____

Policy Number _____

SS# or Tax ID# _____

Please provide the following information for the insurance policy or policies listed above based on current assumptions:

1. In-force illustration at current premium schedule
2. In-force illustration showing minimum premium to endow
3. Policy cost basis
4. Other _____

Please forward the requested information to:

Policy Owner/Trustee Signature Policy Owner/Trustee Signature Date

Street Address

City State ZIP Date

