

Program Fact Finder

Producer Information

Name	Phone Number	Email Address
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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
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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)*

Use original policy design as above

Change policy design

Guaranteed premium solve

Pay premium for _____ years to solve for _____ at age 100

Premium solve

Pay premium for _____ years to solve for _____ at age 100

Other/Please call advisor to discuss

Are there any loans against the policy's cash value? YES NO If yes, how much? _____

What is the policy's cash value? _____ If different from the policy's cash value, what is the policy's cash surrender value? _____ policy's basis? _____

Interest Rate Assumptions

If WL or UL Current or other _____

Was a recommendation made to the proposed insured to:

- Use distributions from an IRA or qualified plan to purchase this insurance coverage? YES NO
- Hold this insurance coverage in a qualified plan? YES NO

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.