

Summary of In-Force Insurance Policy

**Not all information is necessary, complete as much as you know.
There is no need to include information that is already in an annual report or in-force ledger.**

Insured Name: _____	Carrier: _____
Date of Birth: _____	Product Name: _____
Underwriting Rate Class: _____	Product Type: _____
Policy Owner: _____	Issue Date: _____
Beneficiary: _____	Riders: _____
Death Benefit: \$ _____	_____
Premium: \$ _____	_____
Premium Mode: _____	

Permanent Policy

Death Benefit Option: _____

Cash Accumulation Value: \$ _____

Cash Surrender Value: \$ _____

Surrender Charge Period: _____

Current Interest Rate: _____ %

Guaranteed Interest Rate: _____ %

Guaranteed to Age: _____

Proj. Cash Value: _____

Is the policy projected to lapse at a certain age?

Yes No

Term Insurance

Level Term Period: _____

Yrs. Remaining of Term Period: _____

Yrs. Remaining of Conversion: _____

Priorities For the Review

- Lower Premium
- Higher Death Benefit
- Longer Guarantees
- More Liquidity
- Higher Cash Values
- Additional Benefits (LTC, Critical Illness)

What was the original purpose of the life insurance?

Summary of health concerns or issues, or include a health questionnaire: