

Inforce Policy Review **PRECalc** Analysis Worksheet

Identify an opportunity for policy review.



Client / Insured Name: _____

Date of Birth: _____ State of Residence: _____

Health / Underwriting Class Issued on Existing Policy: _____

Gender: _____ Male _____ Female Nicotine Use: _____ Current _____ Past _____ N/A

If nicotine use is current indicate type used and frequency, if past indicate type used and last date of use:

Has the client had any health change since the issuance of the original policy? _____ Yes _____ No
(if yes, provide details)

Existing Policy Information

Insurance Company: _____

Policy # (if available): _____ Current Death Benefit: \$ _____

(information below can be obtained from most recent annual statement)

Current Premium: \$ _____ Mode: _____ Annual _____ Semi-Annual _____ Quarterly _____ Monthly

Current Premium Scheduled to be Paid for: _____ *(indicate # of years left to pay planned premium)*

Current Case Value: \$ _____ Current Cash Surrender Value: \$ _____

Client's Current Objectives

What is the main objective client(s) is/are looking to accomplish with a new policy if recommendation to replace is suitable? (check all that apply)

Lower Premiums	<input type="checkbox"/>	Guaranteed Death Benefit (<i>Estate / Legacy Planning</i>)	<input type="checkbox"/>
Stop Premium Payments (<i>Paid up Death Benefit</i>)	<input type="checkbox"/>	Increase Death Benefit (<i>desired amount: \$ _____</i>)	<input type="checkbox"/>
Cash Value Accumulation (<i>Retirement Planning</i>)	<input type="checkbox"/>	Living Benefits (<i>Long-Term Care / Chronic Illness</i>)	<input type="checkbox"/>

Other: _____

Financial Representative Information

Representative Name: _____

Broker/Dealer Affiliation (if applicable): _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Once completed, please return this form to our office via fax or email. We will run an analysis based on the information provided and contact you to discuss potential options.



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