

Life Policy Review Fact Finder



CLIENT INFORMATION

Name: _____ Gender: Male Female _____
Proposed Underwriting Class

Address: _____ State: _____ Date of Birth: _____

Spouse (if 2nd to Die): _____ Gender: Male Female _____
Proposed Underwriting Class

Date of Birth: _____

EXISTING POLICY INFORMATION

Carrier Name: _____ Policy Name: _____

Policy Type (IUL, UL, VUL, Whole Life): _____ Original Issue Date: _____

Does the Existing Policy Have a Secondary (No Lapse) Guarantee Provision or Rider?: Yes No Policy Loan Amount: _____

Current Death Benefit: _____ Current Crediting Rate: _____ Assumed Policy Loan Rate: _____

1035 Exchange Value: _____ Surrender Charge: _____

Remaining Surrender Period: _____ Existing Riders: _____

For Whole Life policies only:
What is the selected dividend option? _____

Are policy values being used to pay premiums? Yes No

Note: Complete Objectives and Additional Information on Reverse Side

OBJECTIVE

Death Benefit:

- Maximize DB with no additional premium payments
- Maximize DB & match "as sold" premium pattern
- Maximize DB with client provided premium pattern
- Minimum premiums to achieve desired Death Benefit

Cash Value:

- Maximize policy Cash Flow with no additional premium payments
- Maximize policy Cash Flow & match "as sold" premium pattern
- Maximize policy Cash Flow with client provided premium pattern
- Minimum premiums to achieve desire Cash Flow

Other: _____

COMPLETE EITHER THE CASH FLOW OR DEATH BENEFIT COMPARISON REQUEST

Cash flow Comparison Request (must match inforce illustration)

Premium Amount: \$ _____ Pay Premiums to Age: _____ Cash Flow Beginning Age: _____ Cash Flow Ending Age: _____

Death Benefit Comparison Request (must match inforce illustration)

Premium Amount: \$ _____ Pay Premiums to Age: _____ Desired Death Benefit: \$ _____ NLG? Yes No

AGENT INFORMATION

Name: _____ Agent Code: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Agent Signature: _____ Agent has necessary license to discuss variable products? Yes No

Submitting Agent agrees to resubmit if an Aviva policy is issued as other than illustrated in this review.

AGENCY/IMO INFORMATION

Agency/IMO Name: _____ Case Manager: _____

Case Manager Phone: _____

A recent in-force illustration is required. The in-force illustration cannot be older than 6 months for a non-variable policy and cannot be older than 3 months for a variable policy. Also, please provide an "as sold" illustration, if available, for the existing policy.

For agent use only. Neither Aviva nor its representatives may offer legal or tax advice. Clients should consult with their own personal tax, legal or accounting advisors before implementing a plan.

All questions must be completed in order to initiate a case. Completed fact finders and illustrations should be faxed to 515-557-2692 or e-mailed to LifePolicyReview@avivausa.com