Life Insurance

Policy Review Fact Finder

CLIENT NAME: ____

ADVISOR: ____

Approved for consumer use and for use with the general public.

GFG

Helping to fund the future.

This resource is provided to you by Georgetown Financial Group, Inc. (GFG)

WHAT IS A POLICY REVIEW?

A Policy Review is an opportunity for you to review your existing life insurance policies against your current needs and objectives. It involves a thorough evaluation of your current life insurance policies, your current life insurance and planning needs, and your health.

Why is it important for you to have your life insurance policies reviewed?

Because your life insurance needs are dynamic and the economic value of your life changes over time. Revisiting financial objectives at different life stages ensures that your coverage always reflects your current priorities.

OBJECTIVE

The ultimate goal of Policy Review is to ensure that your life insurance policy is:

- Protecting your beneficiaries in the way that you intended
- Performing appropriately to meet your planning objectives
- Accomplishing your goals at the best price available to you

LIFE EVENTS THAT MAY AFFECT YOUR INSURANCE NEEDS

- Marriage/Wedding
- Divorce
- Birth/Adoption
- Graduation
- Move/Relocate/Sell your house
- Home refinancing/Pay off mortgage
- Taking an equity line of credit
- Job Change
- Financial Status Change (i.e. inheritance)
- Retirement
- Death in family
- Critical illness/injury/disability
- Enter a nursing home
- Start your own business
- Sell or close your business
- Win/lose a lawsuit

CURRENT INSURANCE COVERAGE

	POLICY #1	**POLICY #2** ***(if applicable)***
Insurance Company		
Policy Type		
Death Benefit	$	$
Policy Issue Date		
Death Benefit Option		
Underwriting Class *		
Policy Number (If available)		

PREMIUM INFORMATION

Current Premium	$	$
Premium Mode		
Current Cash Value	$	$
Paid to Date		
Payments Ending		

Policy #1

Important Information Regarding Insured(s), Goals and Objectives:

1. 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 Premium ____ Higher Death Benefit ____ Access to Benefits While Living ____

   Death Benefit Guarantees ____ Cash Value Accumulation ____ Income/Distributions ____

   Other: ____

2. Has the client's health changed since purchasing the current policy? If yes, please provide any details:

   ____

Ownership Information:

What is the current ownership structure of the policy?

Insured / Owners are the Same ____ Policy is Owned by Another Individual ____

Policy is Owned by a Corporation _____ Policy is Owned by a Trust _____

If policy is owned by an individual or entity other than the primary insured(s) please provide ownership details below:

Individual Owner(s)

Name of Owner: __________________________ DOB: ____________ Relationship: _______________

Name of Owner: __________________________ DOB: ____________ Relationship: _______________

Trust / Entity Owner:

Name of Trust / Entity: _______________________ Trust Date: ___________ Tax ID: _______________

Beneficiary Information:

Please provide beneficiary information for the current policy: *(attach additional page if needed)*

		Primary	Contingent
Name: ____________________________	Relationship:_______________	____	____
Name: ____________________________	Relationship:_______________	____	____
Name: ____________________________	Relationship:_______________	____	____

In the space below, please explain the initial objective of the policy. For example, "the objective was to build enough cash value for us to be able to take $50,000 per year in policy loans to supplement our retirement income beginning at age 70 and provide adequate insurance protection in the meantime." Or, "the objective was to provide pay for estate taxes and leave an inheritance to our children.

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Please include a copy of the most current annual statement when submitting this information

Policy # 2

Important Information Regarding Insured(s), Goals and Objectives:

1. 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 Premium ____ Higher Death Benefit ____ Access to Benefits While Living ____

   Death Benefit Guarantees ____ Cash Value Accumulation ____ Income/Distributions ____

   Other: ____

2. Has the client's health changed since purchasing the current policy? If yes, please provide any details:

   ____

Ownership Information:

What is the current ownership structure of the policy?

Insured / Owners are the Same ____ Policy is Owned by Another Individual ____

Policy is Owned by a Corporation _____ Policy is Owned by a Trust _____

If policy is owned by an individual or entity other than the primary insured(s) please provide ownership details below:

Individual Owner(s)

Name of Owner: __________________________ DOB: ____________ Relationship: _______________

Name of Owner: __________________________ DOB: ____________ Relationship: _______________

Trust / Entity Owner:

Name of Trust / Entity: _______________________ Trust Date: ___________ Tax ID: _______________

Beneficiary Information:

Please provide beneficiary information for the current policy: *(attach additional pages if needed)*

		Primary	Contingent
Name: ____________________________	Relationship:______________	____	____
Name: ____________________________	Relationship:______________	____	____
Name: ____________________________	Relationship:______________	____	____

In the space below, please explain the initial objective of the policy. For example, "the objective was to build enough cash value for us to be able to take $50,000 per year in policy loans to supplement our retirement income beginning at age 70 and provide adequate insurance protection in the meantime." Or, "the objective was to provide pay for estate taxes and leave an inheritance to our children.

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Please include a copy of the most current annual statement when submitting this information

This worksheet can help you get a general sense of how much life insurance you need to protect your family. <u>This worksheet assumes you died today.</u>

Income

1. Total annual income your family would need if you died today
What your family needs, before taxes, to maintain its current standard of living (Typically between 60% - 75% of total income) $___________

2. Annual income your family would receive from other sources
For example, spouse's earnings or a fixed pension.1 *(Do not include income earned on your assets, as it is addressed later in the calculation)* $___________

3. Income to be replaced - Subtract line 2 from line 1 $___________

4. Capital needed for income
Multiply line 3 by appropriate factor in Table A. Factor__________. $___________

Expenses

5. Funeral and other final expenses
Typically, the greater of $15,000 or 4% of your estate) $___________

6. Mortgage and other outstanding debts
Include mortgage balance, credit card balance, car loans, etc. $___________

7. Capital needed for college
(2016-2017: average 4-year cost: Private $197,280; Public $98,440 – collegedata.com)
Estimated Appropriate Factor NPV 4-Year Cost in Table B
Child 1__________________X__________=___________
Child 2__________________X__________=___________
Child 3__________________X__________=___________ $___________

8. Total capital required Add items 4, 5, 6 and 7 $___________

Savings / Assets

9. Savings and investments Bank accounts, money market accounts, CDs, stocks, bonds, mutual funds, annuities, etc. $___________

10. Retirement savings IRAs, 401(k)s, SEP plans, SIMPLE IRA plans, Keoghs, pension and profit sharing plans $___________

11. Present amount of life insurance
Including group insurance as well as insurance purchased on your own $___________

12. Total income producing assets Add lines 9, 10 and 11 $___________

13. Life insurance needed Subtract line 12 from line 8 $___________

Table A

Years Income Needed	Factor
10	8.8
15	12.4
20	15.4
25	18.1
30	20.4
35	22.4
40	24.1

Table B

Years Before College	Factor
5	.87
10	.75
15	.65
20	.55

Note: These tables help you determine Net Present Value (NPV), the amount of capital required today to satisfy future income or college cost needs, given an assumed investment return of 6%, inflation of 3% for living costs and 5% for college costs.

Client Information

Attach additional pages as needed.

Client / Insured #1 Name: ____

Date of Birth: ______________________ State of Residence: __________________________________

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:

____

Height: ________ Weight: _________ Weight change in last 12 months?: _________________

Are you currently or have you ever in the past been treated for any of the following?:

Blood Pressure ___ Cholesterol ___ Diabetes ___ Heart Disease ___ Cancer ___ Stroke/TIA ___

If yes, please provide details including when diagnosed, date and type of treatment, etc.

____

Has any member of your family (siblings and/or parents) been treated for OR died from Cancer, Heart Disease (including heart attack), or stroke prior to age 60? If so:

Relation: __________________ Age of Onset: ____________ Current Age / Age @ Death: __________

Relation: __________________ Age of Onset: ____________ Current Age / Age @ Death: __________

Does the client have any other health conditions, participate in hazardous activities or participate in international travel? ______ If Yes, provide details below:

____

____

Client / Insured #2 Name *(if applicable)*: ____

Date of Birth: ______________________ State of Residence: __________________________________

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:

____

Height: ________ Weight: _________ Weight change in last 12 months?: _________________

Are you currently or have you ever in the past been treated for any of the following?:

Blood Pressure ___ Cholesterol ___ Diabetes ___ Heart Disease ___ Cancer ___ Stroke/TIA ___

If yes, please provide details including when diagnosed, date and type of treatment, etc.

____

Has any member of your family (siblings and/or parents) been treated for OR died from Cancer, Heart Disease (including heart attack), or stroke prior to age 60? If so:

Relation: __________________ Age of Onset: ____________ Current Age / Age @ Death: __________

Relation: __________________ Age of Onset: ____________ Current Age / Age @ Death: __________

Does the client have any other health conditions, participate in hazardous activities or participate in international travel? ______ If Yes, provide details below:

____

____