

# Policy Review Preparation

A routine life insurance review can help ensure that your coverage fits your current circumstances and objectives. Answering the questions below before your review will help make the review as efficient and effective as possible. If you have a term policy please bring your latest policy statement to your review meeting. If your policy is permanent (whole or universal life insurance), you should request an in-force illustration from your current carrier be mailed to you or your financial professional.

## Client information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Insurance policy details

Insurance Company \_\_\_\_\_

Insured \_\_\_\_\_

Owner \_\_\_\_\_

Beneficiary \_\_\_\_\_

Type of Policy:     Term                       Whole Life                       Universal Life  
                           Variable Universal Life     Index Universal Life

Issue Date \_\_\_\_\_ Underwriting Rate Class \_\_\_\_\_

Death Benefit Amount \_\_\_\_\_ Premium Amount & Frequency \_\_\_\_\_

Date of Last Payment \_\_\_\_\_ Surrender Charge \_\_\_\_\_

Interest Rate:      Current \_\_\_\_\_                      Guaranteed \_\_\_\_\_

Purpose of Insurance (check all that apply):     Income Replacement     Supplement Retirement Income     Legacy Planning  
   Estate Planning                       Business Planning                       Other

Date of Last Statement \_\_\_\_\_ Date of Last Review \_\_\_\_\_

### If your current coverage is permanent, please answer these additional questions.

Is there an outstanding loan?     Yes     No    If yes, amount \_\_\_\_\_ Interest Rate \_\_\_\_\_

Is there a taxable gain if policy is surrendered?     Yes     No    If yes, amount \_\_\_\_\_

What are the total cumulative premiums you have paid over the life of the policy? \_\_\_\_\_

Is the policy a MEC?     Yes     No    Cash Surrender Value: \_\_\_\_\_



## Current health status

Excellent  Good  Poor

Build: Height \_\_\_\_\_ Weight \_\_\_\_\_

Known medical conditions? (treatment for cancer, diabetes, heart condition) \_\_\_\_\_

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Known family history? (immediate family, death or diagnosis prior to age 60 due to cancer, diabetes or cardiovascular impairments)

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Nicotine Use:  Yes  No If yes, type \_\_\_\_\_

## Next steps

- Contact your current insurance carrier to request an inforce illustration for your current policy
- Work with a financial professional to determine if your current policy is meeting your needs
- Obtain quotes for new coverage, if applicable

If you are considering replacing your life insurance policy, consider whether there are surrender charges on the existing policy contract (which may be significant) and any new surrender charge schedule on the new contract, as well as any tax consequences of the exchange. Also consider whether your costs may be higher on a new policy if your health has declined since the purchase of your current policy.



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