

**LIFE INSURANCE ADVISORS, INC.**  
FEE-ONLY INSURANCE CONSULTING  
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## Questionnaire for Initial Review of Existing Permanent (Cash Value) Life Insurance Policy

Your answers to the questionnaire below will enable Life Insurance Advisors, Inc. to determine whether you will likely benefit from a more complete review of your life insurance policy. We need contact information for you and a few details about the insured and the policy.

If some of the information is not known, please provide as much of it as is conveniently available. For example, the insured will know information about their health and activities that another person answering this questionnaire, such as an advisor, may not know.

An asterisk (\*) indicates that the information is essential, or at least very important, to our response to the questionnaire.

### A. Your Contact Information

1.\* Please indicate whether you are (circle any that apply): the insured, policy owner, premium payor, client advisor, other (please specify if other).

2.\* If you are a client advisor, please indicate whether you are (circle any that apply): attorney, accountant, trustee of an insurance trust owning the policy, independent financial advisor, insurance agent or broker, other.

3.\* Your Name \_\_\_\_\_  
First Middle Initial Last

4.\* Preferred address \_\_\_\_\_  
Employer/Firm Name (if applicable)

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

5.\* Preferred Phone # \_\_\_\_\_

6.\* E-mail Address \_\_\_\_\_



**C. Key Policy Information**

- 1.\* Date (at least year) when policy was issued: \_\_\_\_\_  
Month & Year
- 2.\* Name of insurance company (including city and state, if known):  
\_\_\_\_\_ and policy number \_\_\_\_\_
- 3.\* Type of permanent or cash value policy (circle one):
- (a) all whole life; (b) combination whole life and term insurance;
- (c) universal life; (d) universal life with “no-lapse” or “secondary” guarantees (i.e., if premium is paid on time, policy will remain in effect even if cash value runs out);
- (e) variable life (where premiums are invested in mutual funds within policy);
- (f) other type of policy (please indicate type): \_\_\_\_\_
- 4.\* Health classification of the insured(s) on existing policy (e.g., preferred, standard, etc.)  
\_\_\_\_\_
- 5.\* Policy death benefit: Specify the policy’s original death benefit (\$ \_\_\_\_\_) and the policy’s current death benefit (\$ \_\_\_\_\_). (Note that, while most policies have level death benefits over the life of the policy, some types of policies have increasing death benefits).
- 6.\* Policy premiums: What is or was the most recent annual policy premium? \$ \_\_\_\_\_
- What was the initial annual policy premium? \$ \_\_\_\_\_
- Is the premium scheduled to increase at some point in the future? Yes \_\_\_\_ No \_\_\_\_
- If yes, please explain:
- Have the specified policy premiums been paid on a regular basis? Yes \_\_\_\_ No \_\_\_\_
- If not, please explain past premium payment practices:
- 7.\* Policy values: Provide the most recent figure of the cash value in the policy: \$ \_\_\_\_\_
- Please also state the most recent figure cash surrender value (which is the cash or account value less any policy surrender charges): \$ \_\_\_\_\_
- If this policy pays an annual dividend, what was the most recent dividend: \$ \_\_\_\_\_
- 8.\* Policy loan: State the amount of any policy loan and unpaid loan interest: \$ \_\_\_\_\_
- 9.\* Are there any additional benefits/riders on the policy, such as waiver of premium in case of disability, accidental death benefit, additional purchase benefit, etc.? \_\_\_\_ Yes \_\_\_\_ No
- If so, what are they?
- 10.\* Please describe the amount and type of any other insurance on the insured(s):

