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FEE-ONLY INSURANCE CONSULTING
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Questionnaire for Initial Review of Existing Term 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 analysis 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 term insurance policy (circle one and state how long policy lasts):
(a) level premium term insurance; for how many years? _____
(b) term insurance with annually increasing premiums; for how many years? _____
or until what age? _____
- 4.* Policy death benefit: Specify the policy's original death benefit (\$ _____) and the policy's
current death benefit, if different (\$ _____).
- 5.* Policy premiums: What is or was the most recent annual policy premium? \$ _____
What was the initial annual policy premium? \$ _____
- 6.* Are the premiums guaranteed? _____ Yes _____ No
If premiums are guaranteed, for how many years are they guaranteed? _____ years
- 7.* Is the policy convertible to permanent insurance? _____ Yes _____ No
If yes, for how long does this conversion period last after the policy is issued? _____ years
- 8.* Health classification of the insured on existing policy (e.g., preferred, standard, etc.)

- 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 life insurance you own:

D. Purpose of Policy

How long do you currently plan to maintain the policy? _____ years

Please explain both the original and, if different, the current purpose of the policy and set forth any questions or comments you may have about the policy or possible alternatives.

When the questionnaire is completed, either e-mail it to david@lifeinsuranceadvisorsinc.com with the completed questionnaire attached as a Word document, or fax it to 815-377-3631.