

## Life Review Fact Finder

When life changes, it's important to review your life insurance needs. Please provide the information on this fact finder form to help your financial professional ensure that your policies are up to date with your current goals. If you prefer, your financial professional can help you gather policy information from your insurance carriers.

Name		Age	
Marital Status		Number of children, if any	
		<del>-</del>	1
Recent Lifestyle	and Family Changes		
Are you recently married, divorced, or widowed?			
Any changes in income including salary or inheritance?			
Do you need to fund retirement or college education?			
Did you purchase	or sell a home?		
Did you start or s	sell a business?		
Have any children been added to or left the household?			
Are you caring for a special needs child?			
Are you the caretaker of a parent or relative?			
Life Insurance Po	olicy Information		
Do you currently	own any life insurance policies?		
If yes, when were they purchased?			
Have your policies been reviewed?			
Why was this cov	erage purchased?		
Has your health c	hanged since the coverage was purchased?		
Were you a smoker, and if so, have you recently stopped?			

	Policy 1 Details	Policy 2 Details	Policy 3 Details
Carrier			
Policy #			
Owner			
Insured			
Beneficiary			
Policy Type			
Date of Issue			
Death Benefit			
Annual Premium			
Surrender Penalty Period, if any			
Cash Value			
Outstanding Loan Amount			
Years to Pay			
Riders			
Purpose of Insurance			

	Policy 4 Details	Policy 5 Details	Policy 6 Details
Carrier			
Policy #			
Owner			
Insured			
Beneficiary			
Policy Type			
Date of Issue			
Death Benefit			
Annual Premium			
Surrender Penalty Period, if any			
Cash Value			
Outstanding Loan Amount			
Years to Pay			
Riders			
Purpose of Insurance			