

POLICY REVIEW

CLIENT INFORMATION

Insured(s) Name: _____ Advisor Name: _____
 Client(s) Date(s) of Birth: _____ Date: _____

CARRIER INFORMATION

Carrier: _____ Product Name: _____
 Carrier Rating: _____ Product Type: _____

POLICY INFORMATION

Issue Date: _____ Riders: _____
 Policy Number: _____ Risk Class: _____
 Illustrated Premium: _____ Premium Mode: _____
 Account Value: _____ Current Cash Surrender Value: _____
 Current Death Benefit: _____ Policy Crediting or Dividend: _____
 Initial Death Benefit: _____ Policy Loan Interest Rate: _____
 Assumed Cost Basis: _____ Policy Loan Amount: _____
 Beneficiary: _____ Owner: _____

POLICY TESTING & PROPOSED OPTIONS

Illustration Premium Carries Policy to Age _____ Premium Required to Carry Policy _____
 Based on Guarantees: _____ to Maturity Based on Guarantees: _____
 Illustration Premium Carries Policy to Age _____ Premium Required to Carry Policy _____
 Based on Current Assumptions: _____ to Maturity Based on Current Assumptions: _____

PROPOSED OPTIONS

Carrier	Contract	Premium	Years Paid	*Guar. Period (Years)	** Current Assumption Period (Years)	Illustrated Rate / (IUL) Min & Cap	Cash Value in	Monthly LTC Benefit	Total LTC Benefit	Death Benefit IRR at
_____	_____	\$ _____	_____	_____	_____	% - %	\$ _____	\$ _____	\$ _____	%
_____	_____	\$ _____	_____	_____	_____	% - %	\$ _____	\$ _____	\$ _____	%
_____	_____	\$ _____	_____	_____	_____	% - %	\$ _____	\$ _____	\$ _____	%
_____	_____	\$ _____	_____	_____	_____	% - %	\$ _____	\$ _____	\$ _____	%
_____	_____	\$ _____	_____	_____	_____	% - %	\$ _____	\$ _____	\$ _____	%

Comments and Observations:



* Guarantee Period Based on Minimum Credited Interest Rate & Maximum Mortality Charges All Years
 ** Current Assumption Period Based on Current Crediting Rate and Current Mortality Charges All Years