McQueenKalligan
Insurance Services, Inc.

Policy Review

WHY DO YOU NEED TO REVIEW YOUR LIFE INSURANCE?

Life insurance has changed dramatically over the past several years and clients who have older policies should have an insurance review to ensure they are getting the most value for their policies.

Older policies may not be utilizing the latest cost of insurance factors. Medical and technical advances have greatly decreased mortality costs allowing for substantial reductions in the "cost of insurance" for elderly clients.

There have been significant increases in life expectancy. The 2000 Census indicates life expectancies of females are mid 80s, while expectancies of males are in the low 80s.

Many policies may not have lifetime guarantees. Their viability may be based not only on outdated costs, but also on outdated crediting rates. Products today can guarantee the death benefit, assuming that premium payments have been made on schedule. This guarantee is independent of an interest rate assumption or market performance.

Due to life changes, ownership and beneficiary designations should regularly be reviewed. The wrong ownership and/or beneficiary arrangements may cost your clients more than half of their existing insurance benefits.

Trustees have an obligation to review the policies they hold in trust, especially since the Prudent Investor Rule replaced the Prudent Person Rule. Many feel that they do not have the expertise to review life insurance policies. Trustees are required to have guidelines and procedures in place to handle Trust Owned Life Insurance; however, recent surveys indicate that upwards of 90 percent are not yet using them.

Health circumstances may have changed favorably. For example, clients who once smoked may have since quit.

New advances in health care, someone who may have been considered uninsurable or a higher risk ten years ago may qualify for a better risk class today.

WHAT IS IN A POLICY REVIEW

A POLICY REVIEW INCLUDES:

- A policy summary.
- A review of the structure, ownership, beneficiaries and payment methods.
- An assessment of the underwriting class.
- An assessment of the contract's current performance including future projections.
- An evaluation of the financial stability of the insurance company.
- Any possible alternatives to the existing policy.

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) _____

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 sell a business? ☐
- Have any children been added or left from the household? ☐
- Are you caring for a special needs child? ☐
- Are you the caretaker of a parent or relative? ☐

LIFE INSURANCE POLICY INFORMATION

- Do you currently own any life insurance policies? ☐
- If yes, when were they purchased? _____
- Have your policies been reviewed? ☐
- Why was this coverage purchased? _____
- Has your health changed since the purchase? ☐
- Were you a smoker? ☐
- If yes, have you recently stopped? _____

Although individuals may regularly review financial goals and investments, they often neglect to update their life insurance coverage to meet changing goals or life situations. To determine if your current life insurance coverage meets both your present and long term planning needs in the most cost efficient manner, it is first helpful to identify your priorities and purpose of current in-force coverage.

Conducting a policy review is a great way to determine if current coverage is adequate, performing up to expectations, and remain in line with your overall financial plan. Please check the appropriate boxes that reflect the purpose and goal of current in-force life insurance coverage.

LIFE INSURANCE POLICY INFORMATION

Family Protection: Provides the most guaranteed death benefit with the least total premiums ☐
Details _____
_____

Business Insurance: Fund buy-sell agreements, key man insurance and deferred compensation ☐
Details _____
_____

Retirement Planning / Supplemental Income: Provides additional income at some point in the future ☐
Details _____
_____

Estate Planning: Provides estate tax liquidity and helps preserve wealth for future generations ☐
Details _____
_____

Other: Needs do not fit any other category ☐
Details _____

DOES YOUR LIFE INSURANCE COVERAGE MEET YOUR GOALS?

POLICY 1

Insurance company _____
Policy face amount _____
Policy type:

☐ 10-year term ☐ 15-year term ☐ 20-year term
☐ 30-year term ☐ Whole Life ☐ Universal Life
Variable UL Other: _____

Annual premium amount _____
Policy owner _____
Insured name _____
Beneficiary name _____

Purpose of insurance _____
Date of policy issue _____
Policy cash value _____

Interest rate _____
Surrender penalty period _____
Relationship to you ☐ Self ☐ Spouse ☐ Other
Relationship to you ☐ Self ☐ Spouse ☐ Other

POLICY 2

Insurance company _____
Policy face amount _____
Policy type:

☐ 10-year term ☐ 15-year term ☐ 20-year term
☐ 30-year term ☐ Whole Life ☐ Universal Life
Variable UL Other: _____

Annual premium amount _____
Policy owner _____
Insured name _____
Beneficiary name _____

Purpose of insurance _____
Date of policy issue _____
Policy cash value _____

Interest rate _____
Surrender penalty period _____
Relationship to you ☐ Self ☐ Spouse ☐ Other
Relationship to you ☐ Self ☐ Spouse ☐ Other

POLICY 3

Insurance company _____
Policy face amount _____
Policy type:

☐ 10-year term ☐ 15-year term ☐ 20-year term
☐ 30-year term ☐ Whole Life ☐ Universal Life
Variable UL Other: _____

Annual premium amount _____
Policy owner _____
Insured name _____
Beneficiary name _____

Purpose of insurance _____
Date of policy issue _____
Policy cash value _____

Interest rate _____
Surrender penalty period _____
Relationship to you ☐ Self ☐ Spouse ☐ Other
Relationship to you ☐ Self ☐ Spouse ☐ Other

IN-FORCE AUTHORIZATION

CARRIER'S NAME _____

ADDRESS _____

RE: INSURED: _____ *POLICY NUMBER:* _____ *PRODUCT*_____

To whom it may concern:

I hereby authorize you to release any information on the above captioned policy with your company to _____*. This includes, but is not exclusive to, any cash value information as well as in-force ledgers.* A photocopy of this authorization shall be as valid as the original.

Thank you for your attention to this request.

Sincerely,

Owner's Signature: _____ *Today's Date:* _____

Owner's Name (Print): _____ *Owner's SS#:* _____

Insured's Name (Print): _____

Agent's Name: _____

Please be sure to note the product type of each policy that is to be reviewed or provide a copy of the last annual statement along with the signed authorization.

FAX ALL INFORMATION TO _____.