



Your Brokerage Partner For Life

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Life Proposal Fact Finder

Name:	
Date of Birth:	State of Residence:
Height:	Weight:
Have you used tobacco products in the last: 1 Year <input type="checkbox"/> Y <input type="checkbox"/> N 5 Years <input type="checkbox"/> Y <input type="checkbox"/> N	
If so, circle what is applicable: Cigarette Cigars Other	
Has a parent or sibling been diagnosed with any of the following prior to age 60? Heart Disease Cancer Diabetes	
If yes, has any parent or sibling died due to any of the above prior to age 60?	
List any medical history:	
List any medications, including dosage, frequency taken, and year you began taking them:	

Requested Coverage

Death Benefit Amount?

Term insurance, if so, for what length of term? 10-yr 15-yr 20-yr 30 yr

Permanent insurance, if so, premiums guaranteed for how long? Specify years ___ or Lifetime

Key Questions for Existing or Replacing Coverage

(If not replacing, skip to the next section)

- 1) How long was the existing policy intended to last for?
- 2) Is that time period still appropriate?
- 3) If not, for how long is coverage required?
- 4) Are premiums guaranteed for the duration of the policy?
- 5) In not, would you like replacement coverage to be guaranteed and for how long?
- 6) If it is in your best interest to replace current coverage, which is more important?
 - a. Lower premium outlay with equal death benefit?
 - b. Same premium outlay with increased death benefit?

Current Replacing Policy Information

Insurance Company		Policy Number	Issue Date
Face Amount		Total Policy Loan \$	Current Annual Premium \$
Current Surrender Value \$	Policy Type: Universal Life Whole Life Variable Life Term Survivorship		
Policy Owner		Owners Social Security Number or Tax ID	
Owner's Permanent Address			
City	State:		Zip:
Beneficiary			