

Inforce Policy Review PRECalc Analysis Worksheet

Individual Planning

Identify the opportunity

CLIENT INFORMATION

Client / Insured Name: _____

Date of Birth: _____ State of Residence: _____

Gender: M ☐ F ☐ Nicotine Use: Current ☐ Past ☐ N/A ☐

If nicotine use is current indicate type used and frequency, if past indicate type used and last date of use:

Health / Underwriting class issued on existing policy: _____

Has the client had any health change since the issuance of the original policy? Yes No *If yes, please provide details below

EXISTING POLICY INFORMATION

Insurance company: _____

Policy # (if available): _____ Current death benefit: \$ _____

(information below can be obtained from most recent annual statement)

Current premium \$ _____ Mode: Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly ☐

Current premium scheduled to be paid for: _____ (Indicate of years left to pay planned premium)

Current case value: \$ _____ Current cash Surrender value: \$ _____

CLIENT'S CURRENT OBJECTIVES

What is the main objective client(s) is/are looking to accomplish with a new policy if recommendation to replace is deemed suitable? (Check all that apply)

Lower premiums	<input type="checkbox"/>	Guaranteed death benefit (Estate / legacy planning)	<input type="checkbox"/>
Stop premium payments (Paid up death benefit)	<input type="checkbox"/>	Increase death benefit (Desired amount: \$ _____)	<input type="checkbox"/>
Cash value accumulation (Retirement planning)	<input type="checkbox"/>	Living benefits (Long-term care / Chronic illness)	<input type="checkbox"/>

Other: _____

FINANCIAL PROFESSIONAL INFORMATION

Representative name: _____

Broker dealer affiliation (if applicable): _____

Primary phone: _____ Email: _____

Please return this completed form to your AIMCOR affiliated agency.

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