Life Insurance Factfinder



Please work with your client to complete this form.

Section 1—Client Information							
If more than one client, please fill out a	dditional Client Information	page.					
Date: Advisor Name:			Advisor Phone: ()				
Client's Name:			te:				
Client's Date of Birth:							
Has tobacco use status changed since current policy was issued? □ Yes □ No							
Did client ever use tobacco in any form (cigarettes, cigars, chewing tobacco, etc)? □ Yes □ No							
If YES, please specify the form of tobacco and the quantity used:							
If client no longer uses tobacco in any form, when did client quit?							
Has health changed since current pol	icy was issued? □ Yes ા	□ No					
Build: Height:	Weight:						
Any weight change (ten pounds or mo	ore) in the last year?	□ Yes □ No If YES, how	much?				
Reason for weight change:							
List Medication(s) including the dosag	je:		-				
Does the client have parents or siblings with <u>history of</u> or <u>death from</u> cancer, heart attack or diabetes? — Yes — No Indicate age(s) of onset or causes:							
Current Blood Pressure:/	Current Cholestero	DI Level: Ratio:	HDL: LDL:				
		·	ecked, complete the corresponding				
Preliminary Inquiry Form I	ocated in the Underwriting	section of www.rampartameric	ca.com or contact our offices.				
□ Alcohol/Drugs	□ Depression	□ Lung Disorders	□ Other (List Below)				
□ Aviation	□ Diabetes	□ Racing					
□ Cancer	□ DUI/DWI	□ Scuba Diving					
□ Cardiac	□ Foreign Travel	□ Sleep Apnea					
□ Criminal Background	□ Hypertension	□ Sky Diving					
Please list all doctors seen in the last five years:							
NAME AND SPECIALITY	CITY, STATE	PHONE NUMBER	WHEN? / WHY?				

Date: Advis	sor Name:	Advisor F	Phone: ()			
Section 2—Policy Goals ar	nd Product Design					
What is the total current life insu	rance in-force? \$	· · · · · · · · · · · · · · · · · · ·				
What is the reason this life insur	rance was purchased? (check one) and	d has this reason changed?	□ Yes □ No			
□ Survivor Needs	□ Business Continuation □ Estate Planning					
□ Key Person Protection	□ Retirement Income □ Other:					
What type of coverage is reques	sted?	ge insuring both lives				
	☐ Single coverage ins	□ Single coverage insuring client's life				
	□ Single coverage ins	□ Single coverage insuring spouse's life				
How much Death Benefit is requ	uired at this time? \$	-	□ Increasing			
Primary concern if improvement	is possible? □ Increase Death Benefi	it Reduction in Premium	☐ Extend Coverage Duration			
Do you want Death Benefit Guar	rantee? □ Yes □ No					
How long of policy duration is required? □ Lifetime □ Age 110 □ Age 105 □ Age 100 □ Other (to age)						
How long will premiums be paid	? Level premiums for life	level premium fo	r # years			
	□ Other (please describe)		-			
Avoid Modified Endowment Con	ntract (MEC) statute? Yes No					
If VUL, what hypothetical gross	rate%					
Does client have a need for Long	g Term Care Insurance? ☐ Yes	□ No				
Section 3—Information on Existing Life Insurance						
A separate section should be pre	epared for each existing policy. Please	fill out as completely as possib	le.			
Name of the Current Company:		What is the Policy Number?				
What is the current Death Benefit? \$		What is the current billed Premium? \$				
What is the current Cash Surren	ider Value? \$	What is the Premium currently being paid? \$				
What is the Policy Issue Date? _						
TYPE OF POLICY (check one)						
□ Universal Life	□ Variable Universal Life	□ Term	□ Group Term			
□ Participating Whole Life	□ Non-Participating Whole Life	□ Graded Premium	□ Other			
Is this policy ☐ Single Life	or □ Joint Life?					
Who is the Owner of the Policy?						
Who is the Policy Beneficiary? _						
Are there any loans on the existi	ing contract? □ Yes □ No	If YES-the loan amount: \$_				
What is the premium basis (Tota	al premiums paid to date)? \$					
Is this policy a MEC? □ Ye	es or □ No					
Section 4—Audit Output Request						
□ Full Audit–\$10,000 in annual	premium or \$75,000 in cash surrender	value is recommended				
□ One Page Audit–\$5,000 in annual premium or \$50,000 in cash surrender value is recommended						

Date: Adv	isor Name:	Advisor	Phone: ()	
Section 3—Information or	Existing Life Insurance (2)			
A separate section should be pr	epared for each existing policy. Please	fill out as completely as possi	ible.	
Name of the Current Company:		What is the Policy Number?		
What is the current Death Benefit? \$		What is the current billed Premium? \$		
What is the current Cash Surrender Value? \$		What is the Premium currently being paid? \$		
What is the Policy Issue Date?				
	TYPE OF POLICY	(check one)		
□ Universal Life	□ Variable Universal Life	□ Term	□ Group Term	
□ Participating Whole Life	□ Non-Participating Whole Life	□ Graded Premium	□ Other	
Is this policy ☐ Single Life	or □ Joint Life?			
Who is the Owner of the Policy	?			
Who is the Policy Beneficiary?				
Are there any loans on the exis	ting contract? □ Yes □ No	If YES-the loan amount: \$		
What is the premium basis (Tot	al premiums paid to date)? \$			
Is this policy a MEC? □ Y	es or □ No			
Section 3—Information or	Existing Life Insurance (3)			
	epared for each existing policy. Please	fill out as completely as possi	ible.	
Name of the Current Company:		What is the Policy Number?		
What is the current Death Benefit? \$				
What is the current Cash Surrender Value? \$		What is the Premium currently being paid? \$		
What is the Policy Issue Date?				
	TYPE OF POLICY	(check one)		
□ Universal Life	□ Variable Universal Life	□ Term	□ Group Term	
□ Participating Whole Life	□ Non-Participating Whole Life	□ Graded Premium	□ Other	
Is this policy ☐ Single Life	or □ Joint Life?			
Who is the Owner of the Policy	?			
Who is the Policy Beneficiary?				
Are there any loans on the existing contract? Yes No If YES—the loan amount: \$				
What is the premium basis (Tot	al premiums paid to date)? \$			
Is this policy a MEC? □ Y	es or □ No			