



Life Insurance Factfinder

Please work with your client to complete this form.

Section 1—Client Information

If more than one client, please fill out additional Client Information page.

Date: _____ Advisor Name: _____ Advisor Phone: (____) _____

Client's Name: _____ State: _____

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 policy was issued? Yes No

Build: Height: _____ Weight: _____

Any weight change (ten pounds or more) in the last year? Yes No If YES, how much? _____

Reason for weight change: _____

List Medication(s) including the dosage: _____

Does the client have parents or siblings with history of or death from cancer, heart attack or diabetes? Yes No

Indicate age(s) of onset or causes: _____

Current Blood Pressure: ____ / ____ Current Cholesterol Level: ____ Ratio: ____ HDL: ____ LDL: ____

Are you a U.S. citizen? Yes No If NO, please note immigration status: _____

Check all boxes applying to health, treatment, avocations, etc. If any boxes have been checked, complete the corresponding

Preliminary Inquiry Form located in the Underwriting section of www.rampartamerica.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: _____ Advisor Name: _____ Advisor Phone: (____) _____

Section 2—Policy Goals and Product Design

What is the total current life insurance in-force? \$ _____

What is the reason this life insurance was purchased? (check one) and has this reason changed? Yes No

Survivor Needs Business Continuation Estate Planning
 Key Person Protection Retirement Income Other: _____

What type of coverage is requested? Survivorship coverage insuring both lives
 Single coverage insuring client's life
 Single coverage insuring spouse's life

How much Death Benefit is required at this time? \$ _____ Level Increasing

Primary concern if improvement is possible? Increase Death Benefit Reduction in Premium Extend Coverage Duration

Do you want Death Benefit Guarantee? 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 for # years _____
 Other (please describe) _____

Avoid Modified Endowment Contract (MEC) statute? Yes No

If VUL, what hypothetical gross rate _____ %

Does client have a need for Long Term Care Insurance? Yes No

Section 3—Information on Existing Life Insurance

A separate section should be prepared for each existing policy. Please fill out as completely as possible.

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 existing contract? Yes No If YES—the loan amount: \$ _____

What is the premium basis (Total premiums paid to date)? \$ _____

Is this policy a MEC? Yes 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: _____ Advisor Name: _____ Advisor Phone: (____) _____

Section 3—Information on Existing Life Insurance (2)

A separate section should be prepared for each existing policy. Please fill out as completely as possible.

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 existing contract? Yes No If YES—the loan amount: \$ _____

What is the premium basis (Total premiums paid to date)? \$ _____

Is this policy a MEC? Yes or No

Section 3—Information on Existing Life Insurance (3)

A separate section should be prepared for each existing policy. Please fill out as completely as possible.

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 existing contract? Yes No If YES—the loan amount: \$ _____

What is the premium basis (Total premiums paid to date)? \$ _____

Is this policy a MEC? Yes or No

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