



## *Policy Fact Finder*

### ***Current information***

Print insured's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Additional insured's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Policyowner (if different than insured): \_\_\_\_\_

Policyowner's phone: \_\_\_\_\_ Policyowner's fax: \_\_\_\_\_

Policyowner's email: \_\_\_\_\_

Beneficiary information: \_\_\_\_\_

Original underwriting class – any health changes since issue: \_\_\_\_\_

Original purpose for insurance (survivor needs, cover estate taxes, business planning, retirement income, etc.):  
\_\_\_\_\_

Does purpose still exist? Has it changed? If so explain:  
\_\_\_\_\_

Under the present payment process, are there any gift tax liabilities? \_\_\_\_\_

### ***Policy information***

Policy number: \_\_\_\_\_ Policy date: \_\_\_\_\_ Policy type: \_\_\_\_\_

Insurance company name: \_\_\_\_\_ Benefit amount: \_\_\_\_\_

### ***Policy design***

Premium amount: \_\_\_\_\_ Frequency: \_\_\_\_\_ Number of years: \_\_\_\_\_

Current interest rate: \_\_\_\_\_ Guaranteed interest rate: \_\_\_\_\_

Option (increasing, level, face + premiums): \_\_\_\_\_

Riders: \_\_\_\_\_ Current cash value: \_\_\_\_\_

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Any loans? Please include amount, interest rate, status, and plans for payback (if any): \_\_\_\_\_

***In-force illustration requirements***

Same premium and benefit at current interest rate

Same premium and benefit at \_\_\_\_\_% assumed interest rate

Solve to pay premiums for \_\_\_\_\_ years to attain \$\_\_\_\_\_ cash value at maturity

Other \_\_\_\_\_

***Considerations***

**How long will you require a death benefit?**  
Age \_\_\_\_\_ Age 100 \_\_\_\_\_ Beyond age 100 \_\_\_\_\_ Other \_\_\_\_\_

**How many years do you plan to pay premiums?**  
1 year \_\_\_\_\_ 5 years \_\_\_\_\_ 10 years \_\_\_\_\_ 20 years \_\_\_\_\_ All years \_\_\_\_\_ Other \_\_\_\_\_

**Prioritize objectives – rank from 1 to 3, 1 being most important. Use each number only once:**

\_\_\_\_\_ I want to accumulate money for later to withdraw supplemental retirement income.  
\_\_\_\_\_ Accumulation is secondary; I want the death benefit guaranteed.  
\_\_\_\_\_ I want to pay the lowest premium and am less concerned about returns and guarantees.

**Have there been any changes in your life goals since you first purchased this insurance?** \_\_\_\_\_

***Other notes***

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**Please complete one form per policy.**

The most recent annual policy statement contains valuable information. Obtain a copy to use with this form if possible.

When complete, please return to Rocky Mountain Insurance Network together with the signed **“Authorization Letter”**.

If you have any questions, please call us at **(800) 846-3997**.

Thank you.

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