

EXISTING POLICY CHECK LIST

DATE: _____

					<u>TOTALS</u>
1	What is the Name of the Carrier?				
2	Carrier Phone Number				
3	What is the Policy Number ?				
4	What is the effective date of the Policy?				
5	What type of plan is this?				
6	What is the Face Value?				
7	What is the Death Benefit?				
8	Are there any loans against the policy?				
9	What is the Loan interest rate?				
10	What is the annual interest payment?				
11	What is the monthly payment?				
12	What is the Cash Surrender Value?				
13	Is there a reduced paid up value?				
14	Is there an extended Term Option?				
15	Is there any riders on the policy?				
16	Will the price ever increase?				
17	Will the benefit ever decrease?				
18	FOR UL: If they continue to make their monthly payment, when will the policy end (based on the guaranteed amount)?				
19	What day of the month does the policy draft				