

Remind your clients about the importance of having the most appropriate life insurance protection. Inquire about their goals and their primary purpose for coverage. Life changes, and so do life insurance policies, so it's imperative to be sure the protection your client has is the right fit. A life insurance review can reveal several items that may require attention.

## **Term Life Insurance policy considerations:**

- Is conversion a possibility?
- Do you see policies coming to the end of their level-term periods?
- Has there been a change in health? (Smoking, Cholesterol, Blood Pressure, Change in Medication)
- Is death benefit protection the single purpose of coverage? If so, is the need temporary?
- Have the client's needs changed? (see Life Events Checklist)
- Are the listed beneficiaries up to date? (see Beneficiary Review)

## **Permanent Life Insurance policy considerations:**

- Start by looking at clients who bought policies five or more years ago. Interest rates have changed dramatically, which may affect performance.
- Get a copy of the most recent annual statement
- Obtain an in-force policy projection (see In-Force Illustration Request)
- Is the client seeking a product with living benefits or a longer death benefit guarantee?
- Does your client need the cash value in the policy?
- Has changing goals put a stronger focus on accumulation (Empty-nester, reduced coverage?)

Core Income Advisors will look at your client's existing policy and search for opportunities to better their coverage, reduce their costs, and help prevent a policy from lapsing. New product offerings may show that longer death benefit guarantees, lower insurance costs, and competitive crediting rates may achieve your client's goals more efficiently.

# LIFE EVENTS CHECKLIST - HAVE YOUR NEEDS CHANGED?

A periodic review and analysis of your life insurance needs is an important part of your financial protection. Have your needs changed since purchasing the policy? Is the policy still performing according to expectations and meeting financial goals? To determine how to help meet your financial goals, please complete the form below.

## COMMON LIFE EVENTS

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New child or grandchild  | <input type="checkbox"/> New investments                   | <input type="checkbox"/> Gain/loss of business partner |
| <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Inheritance sale or home purchase | <input type="checkbox"/> Health concerns               |
| <input type="checkbox"/> Death of family member   | <input type="checkbox"/> Retirement                        | <input type="checkbox"/> Sold or acquired assets       |
| <input type="checkbox"/> New job or promotion     | <input type="checkbox"/> Major investment gain/loss        |  |
| <input type="checkbox"/> Change in estate plan    | <input type="checkbox"/> Start/purchase a business         |  |

## AREA OF INTEREST OR CONCERN

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retirement planning       | <input type="checkbox"/> Estate planning      | <input type="checkbox"/> Business/executive benefits |
| <input type="checkbox"/> College funding           | <input type="checkbox"/> Planning for parents | <input type="checkbox"/> Business continuation       |
| <input type="checkbox"/> Survivor benefit planning | <input type="checkbox"/> Charitable giving    | <input type="checkbox"/> Other:                      |

## ADDITIONAL COMMENTS AND NOTES

---

---

---

---

## CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call? \_\_\_\_\_

Email \_\_\_\_\_

# BENEFICIARY REVIEW

What is your marital status?

\_\_\_\_\_

If married, is your spouse still living?

Yes  No

If divorced, have you remarried?

Yes  No

Do you have children?

Yes  No

Have you listed all of your children as beneficiaries? If no, why?

Yes  No \_\_\_\_\_

Do you actively participate in or contribute to any charities?

Yes  No

<p><b>Beneficiary Name</b></p>	<p><i>Example</i> Mary Smith</p>				
<p><b>Tell us about each beneficiary.</b></p>	<p><i>Example</i> -Oldest daughter -Age 32, single mom -2 children: Matt (8), Grace (6)</p>				
<p><b>Make a Wish.</b> What, more than anything do you wish for this person?</p>	<p><i>Example</i> To be able to fund her children's college education.</p>				
<p><b>How comfortable are you that your beneficiaries will be able to handle a lump-sum distribution to fulfill your wish for them?</b></p>	<p><i>Example</i> <input checked="" type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not comfortable</p>	<p><input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not comfortable</p>	<p><input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not comfortable</p>	<p><input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not comfortable</p>	<p><input type="checkbox"/> Very comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Not comfortable</p>
<p><b>How would you like to leave your financial legacy to your beneficiaries to ensure your wishes are met?</b></p>	<p><i>Example</i> <input checked="" type="checkbox"/> Immediate lump-sum access <input type="checkbox"/> Structured in will or trust <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Immediate lump-sum access <input type="checkbox"/> Structured in will or trust <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Immediate lump-sum access <input type="checkbox"/> Structured in will or trust <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Immediate lump-sum access <input type="checkbox"/> Structured in will or trust <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Immediate lump-sum access <input type="checkbox"/> Structured in will or trust <input type="checkbox"/> Other</p>

# IN-FORCE ILLUSTRATION REQUEST



CORE INCOME ADVISORS

P: 800.541.7713

COREINCOME.COM

Core Income Advisors is an independent brokerage that focuses on analytics and education. Built by an actuary, we have the tools to dig deep into the analytics of each unique case. Our process is used by some of the industry's top advisors as a way to maximize client value and minimize future risk to the advisor. Insurance products have grown increasingly complex, cut through the complexity with Core Income Advisors.

Request for life insurance policy information to:

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Regarding Policyowner: \_\_\_\_\_

Policy number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I, the policyowner, request the following information regarding my life insurance policy(ies) listed above.

## Request for in-force illustrations

The following in-force illustrations are requested:

- As-is
- Solve for necessary premium to keep policy inforce to maturity or to age \_\_\_\_\_.
- No further premiums.
- Solve for reduced face amount, with no further premium to carry to maturity.
- Using current premium, solve for face amount that will carry to maturity.

Each illustration assumes the following interest rates: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

## Request for current policy information

- |  |   |
|--|---|
| <input type="checkbox"/> Owner               | <input type="checkbox"/> Premiums Paid            |
| <input type="checkbox"/> Insured             | <input type="checkbox"/> Premium Due Date         |
| <input type="checkbox"/> Beneficiary         | <input type="checkbox"/> Current Annual Statement |
| <input type="checkbox"/> Cash Value          | <input type="checkbox"/> Loan Balance             |
| <input type="checkbox"/> Net Surrender Value | <input type="checkbox"/> Cost Basis               |
| <input type="checkbox"/> Net Death Benefit   |   |

My signature below authorizes your company to release the requested information to:

Agent Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Policyowner's signature – required

\_\_\_\_\_  
Date