

FACT FINDER

Performance Evaluation for Life Insurance Policy

Section A: Insureds

Insured 1	Insured 2
Full Name _____	Full Name _____
Gender (m/f) _____	Gender (m/f) _____
Date of Birth ____ / ____ / ____	Date of Birth ____ / ____ / ____

Section B: Life Insurance Portfolio

#	Insured(s)	Life Insurance Carrier	Policy Number	Date	Policy Type	Premium	Death Benefit
1							
2							
3							
4							
5							
6							

Section C: Policy Objectives

Please provide details as to the purpose of each policy:

#	Personal	Business	Define Need: Estate Planning, Survivor Needs, Cash Accumulation	Premium Duration	How long should the policy last?

Additional Details:
