National Brokerage Policy Review NATIONAL



Section A: General Information	
Agent:	Date:
Section B: Client Information	
First, Middle, Last Name:	
Date of Birth:	State of Residence:
Section C: Current Policy Information	
Carrier:	Policy Date:
Policy Type (Term/UL):	Plan Name:
Face Amount:	Rate Class:
DB Option:	Ownership Type:
Cost Basis:	Tobacco (Type, Amount, Last Used):
Cash Surrender:	
Annual Premium:	
Section D: Other Information	
Current Health Issues:	
Are health issues different than when originally applied for life insurance?	
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What is the objective? (Optimum face amount, level period and premium + mode)	