## 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?	
Are health issues different than when originally applied for life insurance?	
What is the objective? (Optimum face amount, level period and premium + mode)	