Client Name

Financial Professional*

Life Insurance **POLICY REVIEW FACT FINDER**

* In order to sell life insurance, a financial professional must be a properly licensed and appointed life insurance producer.

MKTG-0C-740C



Income Replacement Needs

If you died unexpectedly, how much annual income would your family need (what your family needs, before taxes, to maintain its current standard of living)?

If your spouse died unexpectedly, how much annual income would you need (if your spouse is a homemaker, how much income would you need to replace contributions to the home and general family welfare)?

	Death of Client Death of Spou	
Percent of Income Needed	%	%
Would you or your spouse as "surviving spouse" work?	O Yes O No	O Yes O No
If yes, what income would be earned?	\$	\$
Is there other income to consider? O Yes O No If yes, enter the amount.	\$	\$

Existing Capital that Can Be Used to Generate Income	Death of Client	Death of Spouse
Cash/Savings	\$	\$
Marketable Savings	\$	\$
Other	\$	\$

Retirement Assets at Death	Death of Client	Death of Spouse
Tax-Deferred Retirement Plan(s) Balance	\$	\$
Income Tax Bracket		
Non Tax-Deferred Retirement Plan(s) Balance	\$	\$

Non-Cash Assets to Liquidate at Death of Client	Market Value Less Outstanding Loans		
Real Estate #1	\$	\$	
Real Estate #2	\$	\$	
Real Estate #3	\$	\$	
Business Interest	\$	\$	
Other	\$	\$	

Non-Cash Assets to Liquidate at Death of Spouse	Market Value Less Outstanding Loans		
Real Estate #1	\$	\$	
Real Estate #2	\$	\$	
Real Estate #3	\$	\$	
Business Interest	\$	\$	
Other	\$	\$	

Net Return After Inflation of Investments Outside of Life Insurance Policy	Death of Client	Death of Spouse			
In the event of an unexpected death of you or your spouse, what return on investment would you want to assume could be earned?					
Assumed Investment Return	%	%			
Assumed Inflation Rate	%	%			

Personal Information

ast Name: First Name:		2:	Spouse's Name:		
Mailing Address:					
City:	State:	ZIP Code:	Home Phone:		
Client's Date of Birth:		Social Secu	rity:		
Spouse's Date of Birth:		Social Secu	Social Security:		
Client Occupation:		Spouse Occ	Spouse Occupation:		
Child's Name:		Sex:	Date of Birth:		
Child's Name:		Sex:	Date of Birth:		
Child's Name:		Sex:	Date of Birth:		
Child's Name:		Sex:	Date of Birth:		
Do you plan to have additional ch	nildren? O Yes) No			

Family Needs

How much would your family need if you unexpectedly died?

Immediate Cash Needs	Death of Client	Death of Spouse
Funeral Expenses	\$	\$
Household Expenses	\$	\$
To Pay Off Debts (credit cards, lines of credit, car loans, etc.):	\$	\$
Estate Administration Expenses	\$	\$
Home Mortgage (Enter an amount if you want to pay off the home mortgage in the event you or your spouse died. If you want to continue paying the mortgage, include the amount of the mortgage in the family income needs below.)	\$	\$
Education Expenses	\$	\$
Total Cash Needs:	\$	\$

	Client	Spouse
What is your current income?	\$	\$
Total Combined Family Income	\$	\$

Estimated College Education Costs

College Education Details	Child #1	#2	#3	#4
College Name				
Tuition Type – In State/Out of State/Out of Area				
Room & Board				
College Tuition				
Years in College				

Current Life Insurance Information

(Some information may be obtained by reviewing the policies that the client has brought to the meeting.)

Policy Number:			
Face Amount of Policy:			
Type of Policy (Term, Universal Life, Variable Universal Life, Whole Life, etc.):			
Insured:			
Policyowner:			
Beneficiaries:			
Are Beneficiaries Current?			
Premium Amount:			
Policy Loan? Amount?			

Rider Information: List the riders included in the policy.

Total Death Benefit Amounts on Client:			
Total Death Benefit Amounts on Spouse:			

What do you want your life i	insurance p	policy to do for you?				
What was the purpose of th	e life insura	ance coverage?				
Personal Coverage Ke	ey Person	□ Business Continuation	□ Retirement Income	Estate Planning	COLI/BOLI	
What do you like the most about your present life insurance policy?						
What do you like least abou	t your pres	ent life insurance policy?				

Life Insurance POLICY REVIEW FACT FINDER

Please complete and return the information to your life insurance producer.

WHAT IS A POLICY REVIEW?

A policy review is an opportunity for you to review your existing life insurance policies against your current needs and objectives. It involves a comprehensive evaluation of your current life insurance policies with your current life insurance planning needs and health.

WHY IS A POLICY REVIEW IMPORTANT?

Because your life changes over time, reassessing your death benefit need and revisiting financial objectives at different life stages may help ensure that your life insurance coverage reflects your current priorities.

Life Events That May Affect **YOUR LIFE INSURANCE NEEDS:**

Family

- Marriage or divorce
- Home purchase or move
- New children (including adult children)
- Special needs children
- Caretaker of aging parent(s)
- New inheritance
- Beneficiary updates
- New debt/income

Business

- Business start up
- Business ownership change

Health

- Positive change in health
- Term policies approaching conversion date expiration
- Need for more living benefits

Other

- New, potential lower mortality tables
- Changes in tax law
- Policies in trusts not previously reviewed
- Policy performance based on crediting rates
- Policy loans**
- Policy withdrawals**
- Lapse protection (secondary guarantees)

** Any policy withdrawals, loans and loan interest will reduce policy values and may reduce benefits.

Investment and Insurance Products: Not a Deposit	Not Insured by any Federal Government Agency		
Not FDIC Insured	No Bank Guarantee	May Lose Value	

As with all uses of life insurance, the amount of life insurance coverage asked for may be limited by Pacific Life's financial underwriting guidelines. Financial underwriting is an assessment of whether the proposed death benefit is a reasonable replacement for the financial loss caused by the death of the insured.

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