



INDIVIDUAL PLANNING

INFORCE POLICY REVIEW PRECALC ANALYSIS WORKSHEET



IDENTIFY THE OPPORTUNITY

CLIENT INFORMATION

Client / Insured Name: _____	
Date of Birth: ____/____/____	State of Residence: _____
Gender: M____ F____	Nicotine Use: Current ____ Past ____ N/A____
If nicotine use is current indicate type used and frequency, if past indicate type used and last date of use: _____	
Health / Underwriting Class Issued on Existing Policy: _____	
Has the client had any health change since the issuance of the original policy? YES ____ NO ____ <i>*If yes, please provide details below</i> _____ _____	

EXISTING POLICY INFORMATION

Insurance Company: _____	
Policy # (if available): _____	Current Death Benefit: \$ _____
(information below can be obtained from most recent annual statement)	
Current Premium \$ _____	Mode: Annual ____ Semi-Annual ____ Quarterly ____ Monthly ____
Current Premium Scheduled to be Paid for: _____ (indicate # of years left to pay planned premium)	
Current Case Value: \$ _____	Current Cash Surrender Value: \$ _____

CLIENT'S CURRENT OBJECTIVES

What is the main objective client(s) is/are looking to accomplish with a new policy if recommendation to replace is deemed suitable? (check all that apply)

Lower Premiums	<input type="checkbox"/>	Guaranteed Death Benefit (<i>Estate / Legacy Planning</i>)	<input type="checkbox"/>
Stop Premium Payments (<i>Paid up Death Benefit</i>)	<input type="checkbox"/>	Increase Death Benefit (<i>desired amount: \$ _____</i>)	<input type="checkbox"/>
Cash Value Accumulation (<i>Retirement Planning</i>)	<input type="checkbox"/>	Living Benefits (<i>Long-Term Care / Chronic Illness</i>)	<input type="checkbox"/>

Other: _____

FINANCIAL PROFESSIONAL INFORMATION

Representative Name: _____	
Broker/Dealer Affiliation (if applicable): _____	
Primary Phone: _____	Email: _____

Once completed, please return this form to our office via fax or email. We will run an analysis based on the information provided and contact you to discuss potential options.

Email: denise@hancockbrokerage.net / Fax: (504) 837-0090 / Questions: (504) 837-2300

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