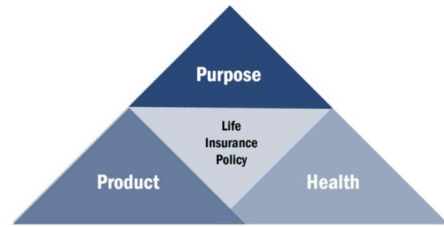




Life Insurance Policy Review Fact Finder



Providing the information on this form will assist in creating a profile of your current planning situation so you can better understand your evolving needs and goals. The original illustration and/or contract, when available, should also be reviewed. Is the policyowner a Trust, Business or Charity? This fact finder should be answered while considering policyowner-specific purposes, including those outlined in the PPH materials.

Name _____

Age _____

Marital Status _____

Number of Children _____

purpose

Recent lifestyle and family changes, such as a new hobby or residence? _____

Has your marital status changed? _____

Has your income changed, including salary or investment income? _____

Has your net worth changed, including receipt of an inheritance or increased value of a business interest? _____

Do you need to fund retirement or a college education? _____

Did you purchase or sell a home? _____

Have you started or sold a business? _____

Have any children been added to or left the household? _____

Are you caring for a special needs child? _____

Are you the caretaker for a parent or relative? _____

Other information _____



SOUTHPORT COMPASS

product policy details

Carrier	_____	Date of issue	_____
Carrier financial rating	_____	Insured medical rating	_____
Face amount	_____	Cash value	_____
Original interest rate	_____	Current interest rate	_____
Policy type (term or permanent)	_____	Product type (Whole Life, Universal Life, Variable Life)	_____
Premium	_____	Payment mode (Annual, Semi-annual, Quarterly, Monthly)	_____
Outstanding loan amount	_____	Loan interest paid in cash or borrowed from policy	_____
Most recent premium paid	_____	Years to pay	_____
Riders	_____	Source of premium funds	_____
Surrender penalty period, if any	_____	Purpose of insurance	_____
Insured	_____	Relationship to you	_____
Owner	_____	Relationship to you	_____
Beneficiary	_____	Relationship to you	_____
Date of last review	_____		_____
Other information	_____		

health

Has your health changed since coverage was purchased?
If so, provide details separately. _____

Were you a smoker or use tobacco products?
If so, when did you stop? _____

Recent health-related lifestyle changes? _____

Other information
