



Life Settlement Fact Finder

**Personal & Confidential
For Agent Use Only**



Full Name: _____

DOB: _____

Gender: M F

1. Policy Type

Universal Life:

Variable: YES NO

Second-To-Die: YES NO

Term Life:

Convertible: YES NO

Whole Life:

Cash Surrender Value: \$ _____

2. Face Amount

Policy Loans: YES NO

(If Yes, please provide amount): \$ _____

Is Policy in Grace or Lapse Pending: YES NO

(If Yes, please provide date): \$ _____

3. Policy Issue Date: _____

4. Name of Insurance Company: _____

5. Reason for considering a Life Settlement instead of keeping policy:

6. Has policy already been submitted for review with a Life Settlement broker or buyer? YES NO

7. Please mark any that apply:

Minor Health Problems: Overweight, Elevated Cholesterol, Asthma, Arthritis, Cancer that has been in remission for 5 years or longer, Osteoporosis, Diabetes (type II), Hypertension, Ulcers, Atrial Fibrillation.

Health Changed Considerably Since Policy Issue: Hepatitis C, Pacemaker, Multiple Sclerosis, TIA, Sleep Apnea, poorly controlled Hypertension or Diabetes, Parkinson Disease, short-term memory loss.

Serious Health Problems: Multiple TIA's, Heart Failure, Coronary Artery Disease, COPD, Stroke, Heart Attack, Lupus, Emphysema, Cancer (recent or recurring), Cirrhosis, Coronary Bypass, Alzheimer's disease, aneurysm, peripheral vascular disease, valve replacement or repair.

Clinical Diagnosis: Has insured been diagnosed with a loss of two Activities of Daily Living (ADL) or more? Has insured been diagnosed with a terminal health condition and two years of remaining life expectancy or less?

8. Please describe any prevailing health impairment and list medications been taken:

Health Impairment	Medications