

Individual Policy Verification of Coverage

FIRST INSURED NAME: _____

SSN#: _____ DOB: _____

SECOND INSURED NAME: _____

SSN#: _____ DOB: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ DATE ISSUED: _____

POLICY OWNER: _____

Basic Coverage

1. Type of Policy? _____ Which is a (an):
Whole Life ___ Universal Life ___ Universal Variable Life ___ Term ___
Other _____
2. Effective date of Coverage: _____
3. TOTAL Face Amount of Policy: \$ _____
4. How are Dividend Options being exercised? _____
5. What is the Cash/Account Value Amount? \$ _____ Surrender Value? \$ _____
6. Is there an additional Accidental Death Benefit? Yes ___ No ___ Amount \$ _____
7. Are there any accumulations such as dividends or paid up additions on this policy? Yes ___ No ___
If Yes, Type? _____ Amount? \$ _____
8. Are additions added to face amount? Yes ___ No ___
If yes, TOTAL Death Benefit with Additions? \$ _____
9. Was Face Amount increased after original date of issue? Yes ___ No ___
If Yes, when was the Face Amount increased? _____
10. Are there any future increases that the Insured is eligible for? Yes ___ No ___

Policy Riders

- 11. Does this Policy contain an Accelerated or Living Benefits Option? Yes _____ No _____ % _____
- 12. Spouse/Dependent Riders? Yes _____ No _____
- 13. Other Rider? _____

Policy Loans and Decreasing Factors

- 14. Are there any Unpaid Loans against this Policy? Yes _____ No _____ Loan Amount: \$ _____
- 15. Does the Death Benefit Decrease for any reason Yes _____ No _____
If Yes, Reason: _____
- 16. Net Death Benefit after Loans etc..? \$ _____

Contest and Suicide

- 17. Maturity Date or Age: _____
- 18. What is the length of the: Contestability period? _____ Suicide period? _____
- 19. Is Policy beyond Contestable Period? Yes _____ No _____ Suicide Period? Yes _____ No _____
- 20. Is this a Group Conversion? Yes ___ No ___ If Yes, were suicide and contestability periods waived? Yes ___ No ___

Premiums and Lapses

- 21. What are the ANNUAL Premiums? \$ _____ Premium Frequency? _____
- 22. Premium/COI Paid to Date? _____ Scheduled Bill Date? _____
- 23. Next Due Date of Premium: _____ Amount: \$ _____
- 24. Is there a RAP (Required Annual Premium) applicable to this Policy? Yes _____ No _____
If yes, for how long? _____ years. What is the amount of RAP premium? \$ _____
- 25. Do Premiums increase? Yes ___ No ___ When is the next Premium increase? _____
- 26. Is this Policy now in Full Force? Yes _____ No _____
- 27. Has this Policy ever Lapsed? Yes _____ No _____
If Yes, please give date of Lapse: _____
- 28. If Policy reinstated, were the Contestable and Suicide Periods reinstated? Yes _____ No _____
If Yes, for how long? _____

Disability Premium Wavier (DPW)

29. Is there a Disability Premium Waiver on this Policy? Yes _____ No _____

30. Has the Insured applied for Disability Premium Waiver on this Policy? Yes _____ No _____

31. Are Premiums currently being paid by Disability Premium Waiver? Yes _____ No _____

If Yes, Date that DPW went into effect? _____

32. What is the next RE-approval date for DPW? _____

Irrevocable / Assignments on Record

33. Is there a Collateral Assignment against this policy? Yes _____ No _____

If Yes, Assignee of Record: _____

34. Is there an Absolute Assignment against this Policy? Yes _____ No _____

If Yes, Assignee of Record: _____

35. Is there an Irrevocable Beneficiary on Record for this Policy? Yes _____ No _____

If Yes, name of Irrevocable Beneficiary: _____

Revocable Beneficiary of Record

36. What is the name of the Primary Beneficiary? _____

37. What is the name of the Contingent Beneficiary? _____

**THIS FORM MUST BE SIGNED BY A HEAD OFFICE REPRESENTATIVE OF THE INSURANCE COMPANY.
BY SIGNING THIS DOCUMENT, YOU ARE INDICATING THAT ALL STATEMENTS REFERENCED ABOVE
ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Company: _____ Phone: _____ Fax: _____

Authorized Signature **X** _____ **X** Date: _____

Thank you for your assistance.
Please fax completed form to 1-877-794 6946.