

Insurance Audit

A regular review of your life insurance policy will:

- Confirm proper death benefit
- Assure correct ownership
- Review the type of policy
- Verify beneficiary designation
- Check cash values
- Allow for tax planning

Request For In-force Illustration And Policy Information

General Information	
Carrier:	
Address:	City: State: Zip Code:
Insured:	
Policy Number 1:	Policy Number 2:
Policy Number 3:	Policy Number 4:

Authorization
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <p style="margin-top: 10px;">Policyholder Signature Date</p> <p style="margin-top: 10px;"><i>By signing this form, I authorize the contact named below, to have access to any and all information regarding the policy/policies listed in this form.</i></p>

Contact Information	
Name:	
Address:	
City:	State: Zip Code:
Telephone Number:	Mobile Number:
Fax Number:	E-mail Address:

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Policy Information Requested	
A. Please send the policy information listed below:	
Face amount of the policy	Last annual dividend
Type of policy	Dividend option
Beneficiaries (Primary)	Amount of loan
Beneficiaries (Secondary)	Interest rate on loan
Cash Value	Assignments
Policy date	Policy Riders:
Premium & Mode	Waiver of premium <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the premium standard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accidental death benefit <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, the table rating is? _____	Term riders <input type="checkbox"/> Yes <input type="checkbox"/> No
	Others (please describe) _____
B. Please forward an in-force illustration	
Type of In-force Illustration Required	
Premium Steam (please check all that apply)	
<input type="checkbox"/> Full pay – pay with premiums all year	
<input type="checkbox"/> Limited pay – premium payments stop when values sustain policy	
<input type="checkbox"/> Pay premium for _____ years	
<input type="checkbox"/> Other scenario _____	
Universal Life	
<input type="checkbox"/> Current assumption	Rate of return _____ %
Notes: _____	

C. Additional Requests:	

<p><i>Thank you for forwarding this information as soon as possible. Please refer to the person listed in the Contact Information for questions.</i></p>	