American Benefits Exchange

Policy review request form

Agent information

Agent name: _____ Agent phone: _____

Agent email: _____

Client information

Client name: _____ Client age: _____

Gender: ☐ M ☐ F State: _____

What are the main reasons for the life insurance policy? _____

_____

_____

Life-changing events (Check all that apply)

- ☐ Change in marital status
- ☐ Bought a home
- ☐ New job or business
- ☐ Death of a family member
- ☐ Beneficiary change
- ☐ Birth or adoption of a child/grandchild
- ☐ Received an inheritance
- ☐ Retirement
- ☐ Change of business partner
- ☐ Other _____

Explanation of change(s) _____

_____

Financial update

Change in income: _____ Increase or decrease in debt: _____

New investments: _____

Major investment gain/loss: _____

Sold or acquired assets: _____

Other: _____

_____

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

- ☐ Alcohol abuse
- ☐ Alzheimer's/dementia/cognitive impairment
- ☐ Asthma
- ☐ Cancer
- ☐ Cirrhosis
- ☐ COPD
- ☐ Coronary artery or cerebrovascular disease
- ☐ Chron's disease
- ☐ Depression/anxiety
- ☐ Diabetes
- ☐ Drug abuse
- ☐ Epilepsy
- ☐ Heart murmur/valve disease
- ☐ Hepatitis
- ☐ Irregular hearbeat/palpitations
- ☐ Kidney disease
- ☐ Lupus
- ☐ Multiple sclerosis
- ☐ Peripheral vascular disease
- ☐ Rheumatoid arthritis
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Other

See page two of this form for additional policy review information.

List dates, diagnosis, details, treatment, plus names, address, and phone numbers of all physicians consulted (Additional Underwriting Questionnaires Available):

_____

_____

Existing policy information

Life insurance company: _____ Company phone number: _____

Policy number: _____ Owner: _____

Insured: _____

Beneficiaries: _____

Product type: ☐ Index universal life ☐ Universal life ☐ Whole life ☐ Term life

Product name: _____ Issue date: _____

Death benefit: _____ Annual premium: _____

Cash value: _____ Cash surrender value: _____

Case design:

Payment option: ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual ☐ 1035 $_____ ☐ Lump sum $_____

☐ Cash accumulation with minimum death benefit

☐ Death benefit protection with minimum cash accumulation

☐ Other_____

Additional case design goals: _____

_____

Underwriting update

Select health class:

☐ Preferred best non-tobacco ☐ Preferred tobacco

☐ Preferred non-tobacco ☐ Standard tobacco

☐ Standard non-tobacco

Present Nicotine Use:

☐ None ☐ Cigarettes-frequency of use per day: _____

☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other

Quantity per month: _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used and last date of use:

_____

Additional underwriting information: _____

_____

After completing this policy review form with your clients, please email the form, a recent annual statement and/or an in-force illustration to **agency@thinkabx.com**

We'll review your clients' information and then reach out to you with any suggestions that may improve your client's current coverage.

If you have any additional questions about conducting a policy review, please call us at 512.430.5511