

Section D: Policy Objectives (continued)

Please provide details as to the purpose of each policy.

Insured	Define Purpose	Premiums		Intention of Policy After Employment
	Key Person, Employee Benefit	Duration	Employer Paid	Lapse, Continue Coverage, Transfer to Employee

Additional Details: _____

Section E: Policy Receipt

Thank you for allowing us to access to your current life insurance policies. Please be assured we will keep your documents and the information they contain confidential and safe. _____ (Representative) acknowledges receipt of the following life insurance policies to be utilized for review purposes only.

Insured	Insurance Carrier	Policy Number	Policyowner

All information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of _____ (Representative), affiliated insurance companies and their reinsurers.

We will return your contracts and any supporting information promptly upon the completion of the Performance Evaluation process.

_____ Insured 1	_____ Date	_____ Policyowner (if other than Insured)	_____ Date
_____ Insured 2 (if applicable)	_____ Date	_____ Policyowner (if other than Insured)	_____ Date
_____ Representative	_____ Date		