

POLICY SERVICE REVIEW

Prepared For _____ Date _____

QUESTIONS OF IMPORTANCE TO YOU AND YOUR FAMILY

- Have any changes occurred in your family which would make a change of beneficiary desirable? _____
- Would you like to have your life insurance go directly to someone else if the beneficiary now named is not living at the time of your death? _____
- Does your beneficiary know where your policy is kept? _____
- If you are not paying premiums annually, would you like to do so and save money? _____
- Does the dividend option you have selected fit your present situation? _____
- Should any income settlement agreement on your policies be changed in view of altered family circumstances such as births, deaths, etc.? _____
- Is there any action needed now on policy loans or assignments? _____
- Do you understand the automatic premium loan provision? _____
- Are you eligible for additional benefits, such as Accidental Death, Insurance of Insurability, Waiver of Premiums, Special Mortgage Coverage, Family Insurance or the Family Income Benefit? _____
- Are you entitled to Group, Employee, or Pension Benefits where you work? _____
- If you are out of work due to accident or sickness, how much Sick Pay will you receive and for how long? _____
- Are you acquainted with the current Social Security Act, and the benefits, if any, it will provide for you and your family? _____

SATISFACTORILY COMPLETED FOR ME BY YOUR REPRESENTATIVE.

Date _____ Policy Owner _____