



LIFE SETTLEMENT QUESTIONNAIRE

Advisor: _____ Phone: _____

Client: _____

DOB: _____

Face Amount: _____

Annual Premium: _____

Male _____ Female _____

Policy Type: UL Term SUL VUL Whole

Issue Date: _____

Health/Rate Class at Issue: _____

Carrier: _____

Cash Value: _____ Surrender Value: _____

Out Standing Loan: _____

Is the Policy Convertible?: _____

If so, until when? _____

Why is the client considering selling the policy? _____

Has there been a change in health since the policy was issued? _____

If so, please describe below:

171 Market Square, Suite 106, Newington, CT 06111

P: 888.586.4333 F: 860.331.8551

www.AtlanticAdvantage.com