

Policy Audit Confidential Questionnaire

Required Information

Insured(s) _____

DOB(s) _____

Policy # _____

Insurance Carrier: _____

Owner/ Trustee Name (as listed on Insurance Company records)

Additional Information

Type of Policy

- Whole Life
- Universal Life
- Variable Life
- Not Sure

Current Trust Annual Combined Gifts (if applicable): _____

Name(s) of Advisor(s): _____

Primary Contact Information:

Insured Health Status (if known):

Please describe below any planning objectives for this policy

Example: Reduce Future Premium to minimum required to keep existing face amount of coverage in-force for lifetime based upon current and guaranteed assumptions.

Briefly describe the purpose of this coverage:

Examples: Wealth Transfer Planning, Estate Liquidity, Family Income, Business Succession, Charitable Planning, etc.

Please include copies of following *if available*

- Current Policy Statement – showing policy values, etc
- Recent Premium Notice
- Original Policy Illustration when issued
- Copy of Policy Contract

Should you have any questions regarding this information, please contact:

**Jeff W. Webb, CLU, ChFC
Director of Advanced Planning
The Holleman Companies**

Email: jeff@hollemanco.com

Direct Phone: 703-593-8481

Fax: 301-718-8131