

Senior Life Insurance Policy Settlements Information Worksheet

Recipient's First Name *

Recipient's Last Name *

Email Address *

Contact Telephone *

Contact Fax

Recipient's Street Address *

Recipient's Street Address Line 2 *

Recipient's City *

Recipient's State / Province / Region *

Recipient's Postal Code *

Recipient's Country *

Lump Sum Cash Required *

Name of Insurance Company *

Policy Owner's Name *

Policy Beneficiary's Name *

Type of Policy *

Term Convertible Term Whole Life Universal Life Other

Is Policy Paid Up? *

Yes No

If "No", Premium Amount Paid

Premium Frequency? *

Monthly Quarterly Annually

Policy's Face Value *

Date of Next Payment *

...

Policy's Current Surrender Value *

What are your current needs and why would you like to sell this policy? *

