

Premium Financing

Advanced Sales **FACT FINDER**

		Date
AGENT INFORMATION	I	
Name		Company
Address		City
StateZip	Email	Phone
CLIENT INFORMATION	CLIENT	SECONDARY INSURED
First Name		First Name
Last Name		Last Name
Age/Date of Birth		Age/Date of Birth
Sex ☐ Male ☐ Female Underwriting Class		Sex ☐ Male ☐ Female Underwriting Class
State		State
Adjusted Gross Income (AGI)	Fe	deral Income Tax Bracket
Was a recommendation made to	o the proposed insured to:	
Use distributions from an I	RA or qualified plan to purchase this i	nsurance coverage? 🗖 Yes 🗖 No
Hold this insurance coverage	ge in a qualified plan? 🔲 Yes 🔲 N	0
INSURANCE INFORMA	ATION (Not for use with variable products.)	
Type of insurance SUL UI	L 🗖 WL 🗖 Other	
Death Benefit		
What is the purpose of this insu	rance?	
PREMIUM FINANCING INFOR	MATION	
Interest Options:		
☐ Interest in Advance	☐ Interest in Arrears	
☐ Interest Accrued	☐ Number of Years	
Who will own this policy?		
☐ Trust Owned	☐ Other	
Partial Payment (¢)		Page 1 of 2



Premium Financing

Advanced Sales **FACT FINDER**

EXIT STRATEGY When does the policy owner plan to repay the loan? What assets will be used to repay the loan?____ Does the policy owner plan to make premium contributions after the loan repayment?_____ Will a side fund be used to help repay the loan? ☐ Yes ☐ No If "Yes", what pre-tax interest rate should be assumed? **GRATS** GRAT Terms (years)_____Income Rate of Return___ Growth Rate of Return____ _____Discount rate of FMV of contributed assets____ FMV of assets to be contributed____ LOAN AND OWNERSHIP INFORMATION How much insurance does the client currently have in place?_____ How many potential beneficiaries are there (number of Crummey Beneficiaries)? What is the client's estimated net worth? ____ How much is real estate (%)?_____ How much of the assets are liquid (%)?_____ What will be used for collateral? How is the policy owner planning to pay the loan interest?_____