



Flight to Safety

Agent checklist for evaluating and comparing life insurance policies

Existing Client: _____ Prospective Client: _____

Insured(s) Name(s): _____

Gender(s): _____

DOB(s) (preferred)/Age(s): _____

Insurance Company: _____ Policy #: _____

Death Benefit: _____ Type of Policy (UL, VUL, Term, IUL, WL): _____

Policy Issue Date/How old is the policy? _____

Current Health Status: _____ Smoker(s) Yes/No: _____

Accum Value: _____ Cash Surr Value (inc PUAs): _____

Loan Amount: _____ Loan Interest Rate (if known): _____

Current Premium: _____ Mode: Annual Semi-Annual Quarterly Monthly

Policy Goals

Current Health Status

Medications: _____



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WHAT YOU CAN'T DO ALONE, WE CAN DO TOGETHER.

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

(Please submit one (1) per Carrier and per policy Owner)

The information shall include but not be limited to:

- Current Illustration**
- Solve for Min. premium to carry to maturity with little c/v**
- No Further Premium**
- Policy Summary reflecting policy values including issue date, Face Amount, issuing status (smoker/non-smoker) etc. Loan Information**

Policy Owner(s) Name: _____ SS#/Tax ID #: _____

I hereby authorize Freundt & Associates (The Producers Group) GA # _____
 (Our Carrier C & L # if any) and its staff (in particular _____ (Advisor) and/or Kathie Driscoll – Policy Services – The Producers Group) to obtain and/or verbally request information regarding my life insurance policy (s) listed below. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources.

Insurance Carrier	Policy Number	Issue Date	Insured	Date of Birth

This authorization shall be valid for six (6) months from the date below. I also understand that I may revoke this authorization at any time and that the revocation will take effect when my Representative receives my written request.

Fax to: Freundt & Associates – The Producers Group

Fax #: 949.362.3325

Attention: Kathie Driscoll – Policy Services

Mail to:

Name: _____

Address: _____

City/St/Zip: _____

Signed on the ____ day of _____, the year _____ at _____
(city and state)

Owner Signature(s): _____

Advisor/Agent: _____