LIFE INSURANCE ADVISORS, INC.

FEE-ONLY INSURANCE CONSULTING
714 E. PROSPECT AVENUE • LAKE BLUFF, ILLINOIS 60044
PHONE (847) 482-1605 • FAX (815) 377-3631
david@lifeinsuranceadvisorsinc.com
www.lifeinsuranceadvisorsinc.com

Questionnaire for Initial Review of New Permanent Life Insurance Policy

Your answers to the questionnaire below will enable Life Insurance Advisors, Inc. to determine whether you will likely benefit from a more complete review of a life insurance policy proposal. We need contact information for you and a few details about the insured and the policy.

If some of the information is not known, please provide as much of it as is conveniently available. For example, the insured will know information about their health and activities that another person answering this questionnaire, such as an advisor, may not know.

A. Your Contact Information

1. Please indicate whether you are (circle any that apply): the insured, policy owner, premium payor, client advisor, other (please specify if other).

2. If you are a client advisor, please indicate whether you are (circle any that apply): attorney, accountant, trustee of an insurance trust owning the policy, independent financial advisor, insurance agent or broker, other.

3. Your Name: _____
   First Middle Initial Last

4. Preferred address: _____
   Employer/Firm Name (if applicable)

   _____
   Number and Street

   _____
   City State Zip

5. Preferred Phone # _____

6. E-mail Address:_____

Copyright, Life Insurance Advisors, Inc., 2006. All Rights Reserved.

7. Name, sex, date of birth, and state of residence of proposed insured or insureds if not indicated above:

8. Proposed insurance company, if any so far. Do you have a policy illustration already? If so, please provide a copy of it.

9. Type of policy proposed, if any, so far (circle one): whole life, universal life, universal life with guaranteed death benefit, whole life/term combination, variable whole life, variable whole life/term combination, or variable universal life.

10. Amount of insurance death benefit you are considering purchasing?

11. Is policy on single life or two lives ("second-to-die') insurance?

12. State the purpose(s) of the proposed insurance as completely as possible: (e.g., to assure adequate income for dependents, longer-term estate preservation purposes, possible supplemental retirement income in addition to insurance protection, asset protection if insurance policy can not be reached by creditors, etc.):

13. If all or part of the reason for the insurance is to provide adequate survivor or replacement income for dependents in the event of premature death, please state:

    a. Your current total earned income (do not include investment income):

    b. The total annual income (from all sources - existing investment assets plus insurance) that you would need or want for dependents in the event of the premature death of the proposed insured and the period of time that you would want that income to last (for example, $100,000/year in today's dollars for 25 years and then $75,000 for the life of my spouse):

    c. Would you want this replacement income to keep pace with inflation?

    d. The amounts and types of investment assets currently available to provide a portion of the survivor or replacement income:

14. If the insurance is intended or might be used to create additional cash to help pay estate taxes at the insured's death, is there also a possible desire to withdraw or borrow the cash value of the policy during the insured's lifetime?

15. Please rate the importance of the following goals for the insurance policy on a scale from 1 to 5, with 1 indicating great importance and 5 indicating little importance:

a. Having a death benefit as great in the first years of the policy as at life expectancy or beyond: 1 2 3 4 5

b. Avoiding any risk that the policy will lapse (terminate) if the insured lives a long time, or because premiums are not paid precisely when they are required, and that the invested premiums will therefore be wasted: 1 2 3 4 5

c. Maintaining a competitive rate of return on the invested premiums, in comparison to similar investments, in all policy years, as measured by the death benefit in exchange for the premiums paid: 1 2 3 4 5

d. Minimizing agent commissions if that will materially increase the long-term rate of return of the policy: 1 2 3 4 5

e. Paying premiums for only a limited period of years that is likely to be less than the insured's life expectancy (which would require a higher premium than paying premiums until death): 1 2 3 4 5

f. Knowing that the insurance company with which you have your policy has the highest financial solvency ratings: 1 2 3 4 5

g. Making sure that premiums stay within annual exclusion and total exemption limits for gift taxes: 1 2 3 4 5

16. If a particular insurance company and policy has already been proposed, will you:

a. Consider an alternative company or policy that an independent consultant, who does not sell insurance, might recommend if the recommended alternative is less risky or will likely offer a better long-term return for the premium dollars invested? Yes No

b. If the answer to Question 12(a) is "yes," would you consider this alternative even if the agent or broker making the original proposal cannot offer the alternative policy because he or she cannot be licensed with the company that issues it? Yes No

17. Please specify any health conditions of the insurance applicant(s) that MIGHT influence the medical underwriting of this policy. Please provide details with regard to height, weight, blood pressure, cholesterol, any heart history, cancer, diabetes, visits to physicians within the previous 5 years that may be relevant, etc.

    a. Approximate height and weight of the insurance applicant:

    Height _____ Weight _____

    b. Did either of the insurance applicant's parents or any siblings experience cardiovascular disease or cancer prior to age 60?
    Yes _____ No _____
    Please explain: include age of onset, diagnosis, and age of death (if applicable and known):

    c. Does the insurance applicant participate in hazardous activities, such as, but not limited to, flying private airplanes, mountain climbing, riding motorcycles, scuba diving, etc? Please provide any relevant details:

18. Is the insurance applicant(s) a smoker of cigarettes, pipes, or cigars or a user of tobacco in any way? If a cigar smoker, specify approximately how many cigars are smoked in a week, month or year.

19. Please describe the amount and type of any other life insurance you own:

When the questionnaire is completed, either e-mail it to david@lifeinsuranceadvisorsinc.com with the completed questionnaire attached as a Word document, or fax it to 815-377-3631. If you have a policy illustration of the policy you are considering, please include it.