

## YOUR INSURANCE POLICIES AND ESTATE DOCUMENTS

### CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT

#### Investment Asset *(Variable Life)*

Owner:  Client  Co-Client

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description:

#### Beneficiaries & Death Benefit

Estate      %    Other -

%    Other -

%

Co-Client      %    Other -

%    Other -

%

Current Value: \$

Cost Basis: \$

Insurance Amount: \$

#### Assign – How to Use: *(check one)*

Fund All Goals

Earmark to One or More Goals:

Not Used in Plan

Leave to Estate

#### Annual additions: *(check one)*

Pre-tax:  Additions: \$

Inflate?  No  Yes

Maximum contribution each year

After-Tax:  Additions: \$

Year additions begin:

Year additions end:  Client's Retirement  Co-Client's Retirement  Year:

#### Other Asset *(Universal|Variable|Whole Life|Other Life)*

Owner:  Client  Co-Client

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description:

Current cash value: \$

*(before tax - today's dollars)*

Average annual growth rate:

*(excluding cost of insurance)*

**CASH VALUE LIFE POLICIES OWNED BY THE CLIENT OR CO-CLIENT**

**Beneficiaries & Death Benefit**

Estate      %   Other -    %   Other -    %

Co-Client      %   Other -    %   Other -    %

Death benefit amount: \$    Premium amount: \$    every:

How long will premiums be paid?    Until insured dies    Until policy terminates    For this number of years:

When will this policy terminate?    When insured dies    Year:

Do you intend to sell this asset to help fund your goals?    No    Yes (If Yes, complete the remaining items)

Year of withdrawal:

Amount of withdrawal: \$    (before tax - future dollars) Tax-free withdrawal: \$

**Assign – How to Use:** (check one)

Fund All Goals                                       Earmark to One or More Goals:

Not Used in Plan                                       Leave to Estate

**Cash Value Life** (Universal|Variable|Whole Life|Other)

Owner:  Irrevocable Trust    Other Person or Entity

Insured:  Client    Co-Client    1<sup>st</sup> to Die    2<sup>nd</sup> to Die

Description/ Company:    Current cash value: \$    (before tax - today's dollars)

**Beneficiaries & Death Benefit**

Estate      %   Other -    %   Other -    %

Co-Client      %   Other -    %   Other -    %

Death benefit amount (deduct policy loans) : \$    Premium amount: \$    every:

How long will premiums be paid?    Until insured dies    Until policy terminates    For this number of years:

When will this policy terminate?    When insured dies    Year:

If ownership of the policy was transferred, enter the year of transfer:

Select the original owner of the policy:  Client    Co-Client

**NON-CASH VALUE LIFE POLICIES - ALL OWNERS**

**Non-Cash Value Life** *(Term Life)*

Owner:  Client  Co-Client  Irrevocable Trust  Other Person or Entity

Insured:  Client  Co-Client  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description/Company:

**Beneficiaries & Death Benefit**

Estate      %   Other -                                  %   Other -                                  %

Co-Client      %   Other -                                  %   Other -                                  %

Death benefit amount: \$                                  Premium amount: \$                                  every:

How long will premiums be paid?  Until insured dies  Until policy terminates  For this number of years:

When will this policy terminate?  When insured dies  Year:

If ownership of the policy was transferred, enter the year of transfer:

Select the original owner of the policy:  Client  Co-Client

**Non-Cash Value Life** *(Group Term/Other)*

Owner:  Client  Co-Client  Irrevocable Trust  Other Person or Entity

Insured:  Client  Co-Client

Description/Company:

**Beneficiaries & Death Benefit**

Estate      %   Other -                                  %   Other -                                  %

Co-Client      %   Other -                                  %   Other -                                  %

Death benefit amount:

When will this policy terminate?  When insured dies  Year:

If ownership of the policy was transferred, enter the year of transfer:

Select the original owner of the policy:  Client  Co-Client

**Non-Cash Value Life** *(Group Term/Other)*

Owner:  Client  Co-Client  Irrevocable Trust  Other Person or Entity

Insured:  Client  Co-Client

Description/Company:



## OTHER INSURANCE POLICIES

Daily benefit amount: \$ Elimination period: days

Inflation option (check one)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: %

Insured: Description/Company:

Premium amount: \$ per  Month  Quarter  Six Months  Year

Benefit period: (check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime

Daily benefit amount: \$ Elimination period: days

Inflation option (check one)  None  Simple  Compounded

If you selected Simple or Compounded, enter rate: %

### Medicare Supplement Insurance Policies

Insured: Description/Company:

Type: (check one)  A  B  C  D  E  F  G  H  I  J  Other

Premium amount: \$ per  Month  Quarter  Six Months  Year

Insured: Description/Company:

Type: (check one)  A  B  C  D  E  F  G  H  I  J  Other

Premium amount: \$ per  Month  Quarter  Six Months  Year

### Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)

Description/Company: Policy expiration date:

Premium amount: \$ per  Month  Quarter  Six Months  Year

Description/Company: Policy expiration date:

Premium amount: \$ per  Month  Quarter  Six Months  Year

Description/Company: Policy expiration date:

## OTHER INSURANCE POLICIES

Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

Description/Company: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

Description/Company: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

Description/Company: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

Premium amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

## ESTATE DOCUMENTS

	Client	Co-Client	
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Date Last Reviewed			
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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