



# IMS ASSOCIATES

A LIFE SETTLEMENT BROKERAGE

## Life Settlement Questionnaire

Advisor \_\_\_\_\_ Phone # \_\_\_\_\_

Client \_\_\_\_\_

DOB: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Annual Premium: \_\_\_\_\_

Male  Female

Policy Type UL  Term  SUL  VUL  Whole

Issue Date \_\_\_\_\_

Health/Rate Class at Issue: \_\_\_\_\_

Carrier: \_\_\_\_\_

Cash Value: \_\_\_\_\_ Surrender Value: \_\_\_\_\_

Out Standing Loan: \_\_\_\_\_

Is the Policy Convertible? \_\_\_\_\_

If so, Until When? \_\_\_\_\_

Why is the client considering selling the policy?

\_\_\_\_\_

Has there been a change in health since the policy was issued? \_\_\_\_\_

If so, Please describe below:

Please describe Health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_