Life Insurance Review

Your clients' insurance portfolio should be reviewed periodically in order to ensure that their existing policies are accomplishing their desired objectives. As a trusted advisor, your input and advice will demonstrate your commitment to your client and his/her benefactors.

Have any of your clients lost weight or quit smoking since they bought a life insurance policy ?

Might they have been underwritten using 1958 or 1980 mortality tables versus 2001 ?

Are there better provisions or benefits available today ?

Are there any possible improvements in their underwriting class ?

Consider TOPGUN Financial, LLC as your Life Insurance Review partner. We will guide you with every aspect of the simple review process. Please take the time to review our Agent Checklist and Sales Concept forms. Use our Client Life Insurance Review Worksheet to detail existing policies and to revise current goals and objectives.

Fax or scan your worksheet to us and we will do the rest!

TOLL FREE: 877.624.7150
WWW.TOPGUNFINANCIAL.COM
For Agent Use Only

Agent Checklist

Life Insurance Review Marketing:

Attorneys / Trust Officers / CPA's
Non Insurance Licensed Investment Advisors

Existing Clients or Prospects:

List all term and permanent insurance *placed*.
List all term and permanent insurance *quoted*.

Biggest Cases ?
Rated Cases ?
No Longer Smoking ?
Lost Some Weight ?
Term Limit Expiring ?
Any Old "Whole Life" Cases ?
In Force Policy Requests ?
Low Internal Rates of Return ?

Any client with a change in status …

Health ?
Finances ?
Business ?
Family / Personal ?

List all clients and prospects who may have insurance contracts... but you are not the writing agent.

List all clients and prospects that are due for an initial consultation or periodic financial review.

The Process:

- List Clients and Prospects
- List Professional Referral Sources

Step 1
- Set Appointments for a Financial / Insurance Review
- Contact professional referrals and offer free review service

Step 2
- Review with client or prospect current objectives and needs
- Has anything changed ? Reference left column...

Step 3
- Compile current insurance information
  - Complete the worksheet
  - Obtain old policies and premium notices / statements
  - Obtain a copy of will / trust (if available)

Step 4
- Scan or fax policy information to TOPGUN Financial

YOUR HARD WORK IS OVER !

TOPGUN Financial Will:

- **Analyze each policy's performance in relation to original projections and current offerings.**
- **Assess the current medical profile submitted on the worksheet to the original underwriting classification.**
- **Determine if the insured's current objectives are met with the issued policy, or if a positive change to underwriting classification / premiums / benefits would be favorable to the insured.**
- **Use current state-of-the-art financial, estate and tax planning tools and strategies to identify any inefficiencies.**
- **Obtain the latest insurance company financial strength data from rating agencies.**
- **Make a Recommendation to You, and design a plan of action.**

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Client Life Insurance Worksheet

Client Current Personal Data

Client Name: _____ Date of Birth: _____/_____/_____ SS #: _____-_____-_____

Male / Female (circle one) Height: _____ Weight: _____ S moker ? Yes / No (Date cessation _____/_____/_____)

Current Blood Pressure: _____/_____ Current Cholesterol Level: _____ Are you a US Citizen ? Yes / No

During the past **5 years** have you been **treated by a physician** for a check-up, diagnostic tests, a physical exam or consultation? Yes / No
During the last **12 months** have you been **prescribed medication**? Yes / No
Have you **ever been hospitalized or treated in an emergency room**? Yes / No

If you answered yes, please answer the questions below:

Medication Hospital / ER Office Visits	Condition	Date Started	Recovery Date	Recovery Complete?	Medications for condition	Notes
Office Visit	*High Blood Pressure*	*10/98*	*ongoing*	*yes*	*Norvasc 10 mg x 1 day*	*HBP 130/75 controlled*

Check any or all of the boxes that apply:

- □ Alcohol / Drug Dependency
- □ Aviation
- □ Criminal Background
- □ DUI / DWI
- □ Foreign Travel
- □ Racing
- □ Scuba Diving
- □ Parachute / Bungee / Sky Dive
- □ Sleep Apnea

Client Personal Data ~ Since Your Client's Original Policy Was Issued

Do you use **tobacco** in any form? Yes / No
Has tobacco status changed? Yes / No
If yes, type of tobacco use: _____
Frequency of tobacco use: _____

Has your **weight** changed by 10 or more pounds? Yes / No
If yes, by how much? _____ Current Weight _____
Reason for weight loss? _____
_____

For Agent Use Only. Not An Application for Insurance.

Client Life Insurance Worksheet Page 2

Client Name: _____ Date of Birth: _____/_____/_____ SS #: _____-_____-_____

Original or Old Insurance Policies

	Example	Policy 1	Policy 2	Policy 3	Policy 4
Face Amount	*$ 350,000*				
Insurance Company and Policy Name	*American Southern* *Flex Life UL*				
Date of Issue	*3/16/2004*				
Type *Term / UL / Whole*	*UL*				
Premium Pay Amount and Frequency	*$1600 per quarter*				
Illustration Interest Rate	*4.5%, min guarantee at 3%*				
Underwriting Class	*N/T - Preferred*				
Purpose *Death Benefit, Cash Accumulation, Key Man, Buy-Sell, Private Pension*	*Death Benefit*				
Purpose Still Valid ?	*Yes*				

Notes:

For Agent Use Only. Not An Application for Insurance

Proposed Insured: _____ Date of Birth: _____/____/_____ SS #: ____ -____ -_____

Notice of Information Practices and Privacy Statement

How We Collect Information About You: TOPGUN Financial Services, LLC and its' employees may release my confidential personal information to the identified insurance companies and affiliates as listed below for the purpose of determining eligibility for life insurance products and services. All questions and answers provided for on the Client Worksheet shall be considered shared information. This information is either required by law, or necessary to process applications, inquire with insurance company underwriting, or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to the Client Worksheet, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about prospects or clients who apply for or receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a signed HIPAA consent form.

How We Use Your Information: Information is only used as is reasonably necessary to process your Worksheet or to provide communication between TOPGUN Financial Services, LLC and insurance companies, health care providers, medical product or service providers, pharmacies, and other providers necessary to verify your medical information is accurate.

Effective Period: This Authorization Form shall be effective for two years from the date of signing unless revoked by me in writing and submitted to: TOPGUN Financial Services, LLC 611 S. Main St. #100, Grapevine, Texas 76051.

Insurance Company List

Allianz
American Equity
American General
American National
Americo
AmerUs Life
Annuity Investors
Assurity
Aviva
AXA Equitable Life
Banner
Dearborn National
Fidelity Life
Fort Dearborn
Genworth
Illinois Mutual
Indianapolis Life
ING
John Hancock
Legacy
Life of the Southwest
Lincoln Benefit
Lincoln Financial
Met Life
Minnesota Life
Mutual Of Omaha
Nationwide
North American
Old Mutual
Principal
Protective
Prudental
Reliance Standard
Royal Bank of Canada
SBLI
Sun Life
Symetra Financial
The Standard
TransAmerica
Union Central
United of Omaha
US Life
West Coast Life

Other Insurance Company(s) not listed above: _____

By signing this document I hereby acknowledge that I have read and understand this Authorization form.

_____ Date _____
Proposed Insured's Signature or Guardian's Signature

_____ Date _____
Insurance Agent or Broker

Paramed Exam Preparation Checklist

- Avoid strenuous exercise and heavy physical activities 24 hours prior to your appointment.
- Don't drink any alcoholic beverages or take over the counter medications (particularly cold medications with pseudo-ephedrine) for at least 24 hours prior to the exam.
- Be mindful of your diet…. keeping salt, fat and fried foods to a minimum the day before the exam.
- For best fasting results, do not eat anything after 6pm the night before your exam and try to schedule your appointment early the following morning.
- Get a good night's sleep prior to the exam.
- Drink plenty of water the day before your exam. One to two hours before your exam drink water so that you can easily provide a urine sample.
- Avoid caffeinated soft drinks and chocolate for at least two hours before the paramed.
- Avoid tobacco products for at least two hours before the exam.
- Continue to take all medications as prescribed, and directed by your physician.
- Be prepared to supply a list of all medications, doctor's info, including the last time you had a doctor's visit, the outcome of the visit and the doctors name and address.
- Make sure to take a few minutes to relax yourself before the exam. You will not be required to disrobe or perform any test that you have not performed before.
- Generally the paramed will take about 30 minutes to complete, longer if you are required to take an EKG.

If you have any questions, please give us a call !

1.877.624.7150