



## Don't let your life insurance fall behind

While your life carries on, insurance stays the same. Your policy may no longer meet your needs.

Life insurance is an important part of your long-term financial plan and – just like any other element – should evolve to keep up with the changes in your life.

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### CHANGE HAPPENS

Your advisor can help you by reviewing your policy with you and evaluating your insurance needs. While doing both, your advisor will be mindful of the context of your overall financial plan, ensuring your policy aligns with the financial goals and realities you live with.

### REVIEW PROCESS

Although matters relating to insurance can be complicated, your advisor is there to help guide you through them. In order to start reviewing your policy, request an In-Force illustration from your policy issuer. This will show the performance of your policy, both current and future, as well as give your advisor the ability to request policy information on your behalf with your permission.

### WHAT TO LOOK FOR

If any of the following apply to your situation, a conversation with your advisor about life insurance can be beneficial.

Changes in:

- Marital status
- Dependent status of children
- Mortgage payment
- Business ownership
- Tax laws
- Job-related income
- Inheritance
- Assets increasing your financial worth

Once the required documentation has been obtained, your advisor will review the following topics with you to ensure your policy is suitable for your current situation.

- **Household** – Your number of dependents and the size of your mortgage play a large role in the amount of coverage you need.
- **Product type** – The type of policy you have should make sense for your current lifestyle and in the future.
- **Beneficiary designation** – A lot can change as your life evolves, including who you wish to benefit from your policy.
- **Policy performance** – Make sure the policy still aligns with your objectives and risk tolerance, which may have changed.
- **Value** – Insurance is always evolving, and the cost of coverage could be lower now.



The cost and availability of life insurance depend on factors such as age, health and the type and amount of insurance purchased. As with most financial decisions, there are expenses associated with the purchase of life insurance. Policies commonly have mortality and expense charges. In addition, if a policy is surrendered prematurely, there may be surrender charges and income tax implications. Guarantees are based on the claims-paying ability of the insurance company. Your advisor will discuss these details with you further.

Talk to your advisor about your life insurance policy and ask if a review request is right for you. Your advisor can then guide you through a short evaluation to assess whether a formal policy review can help your overall financial plan.

## RAYMOND JAMES®

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# In-force ledger request

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

**ATTN: POLICYHOLDER SERVICE DEPARTMENT**

Company: \_\_\_\_\_

Re: Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Policy Owner : \_\_\_\_\_

Owner's DOB or Trust Date: \_\_\_\_\_ Last four digits of Policy Owner's SSN/TIN: \_\_\_\_\_

As the owner of the above-referenced policy, I request that an in-force ledger with the following information pertaining to this policy be sent directly to my Insurance Specialist listed below, and/or to me at your earliest convenience.

- 1. Current death benefit
- 2. Annual scheduled premium
- 3. Policy is a Modified Endowment Contract
- 4. Current account value
- 5. Current surrender value
- 6. Current loan amount on policy, if any
- 7. Current interest on loan
- 8. Primary and contingent beneficiaries
- 9. Riders
- 10. Policy Cost Basis

11. Requested in-force ledger scenarios:

*\*For variable products, use 6.00%, and for indexed products, please use a 5.00% gross rate of return assumption.*

- 12.  Continue current premium as originally scheduled
- 13.  Solve for the premium to keep the policy in force until maturity
- 14.  Reduce the death benefit to keep policy in force until maturity
- 15.  Other: \_\_\_\_\_

Thank you for your assistance. If you have any trouble processing this request on a timely basis, please contact:

**Regional Insurance Planning Specialists (RIPS) Team - Raymond James Insurance Group**

Phone: 888-804-2777 | [RJIG-RIPSTeam@raymondjames.com](mailto:RJIG-RIPSTeam@raymondjames.com)

**Fax: 866.204.2580 | Please indicate "Attn: RIPS Team" on all faxed correspondences.**

Policy Owner/Trustee Signature,

X \_\_\_\_\_

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# Life insurance medical pre-screening questionnaire

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Advisor name: \_\_\_\_\_

Client name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

## CLIENT INFORMATION

Marital status:  Single  Married  Domestic partner If married, is the spouse applying?  Yes  No

Current height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex assigned at birth:  Male  Female

Tobacco/nicotine/THC use:  Yes  No If yes, date last used: \_\_\_\_\_

Type used: \_\_\_\_\_ How frequently used: \_\_\_\_\_

If no, have you quit in the last five years?  Yes  No Date last smoked: \_\_\_\_\_

Date of your last physical with labs/bloodwork: \_\_\_\_\_ Blood pressure reading: \_\_\_\_\_

In the past 10 years, have you been hospitalized?  Yes  No If yes, date: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

Do you plan to travel or reside outside the United States in the next 12 months?  Yes  No

If yes, where: \_\_\_\_\_ For how long: \_\_\_\_\_

Do you participate in any hazardous activities (sky diving, scuba diving, mountain climbing, motor sports racing, etc.)?  Yes  No

Have you had any bankruptcies in the past seven years or do you have any suits or judgments pending against you at this time?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a felony or been charged with a violation of any criminal law that is still pending?  Yes  No If yes, specify: \_\_\_\_\_

In the past five years, have you pleaded guilty to or been convicted of reckless driving, driving under the influence of alcohol or drugs, had your driver's license suspended or revoked, or had three or more moving violations in the past five years?

Yes  No If yes, specify: \_\_\_\_\_

Have you ever been rated or declined life insurance coverage in the past?  Yes  No If yes, when: \_\_\_\_\_

Reason given: \_\_\_\_\_

What has changed since that time?: \_\_\_\_\_

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Have you ever been treated for any of the following conditions? If yes, please provide as much information as possible.

**Cancer**  Yes  No

Date diagnosed: \_\_\_\_\_ Type: \_\_\_\_\_ Stage:  One  Two  Three  Four

Metastatic (spreading):  Yes  No

Any lymph node involvement?  Yes  No How many nodes checked? \_\_\_\_\_ Number positive: \_\_\_\_\_

Treatment: \_\_\_\_\_

Date treatment completed: \_\_\_\_\_

**Diabetes**  Yes  No

Date diagnosed: \_\_\_\_\_ Type: \_\_\_\_\_ Treated with:  Diet  Oral medications  Insulin

A1C# \_\_\_\_\_ FBS# \_\_\_\_\_ (Please provide actual A1C number, usually between five and nine, and FBS, usually between 130 and 190.)

If insulin-dependent, indicate how many units per day: \_\_\_\_\_ Most units taken in a day over the past year: \_\_\_\_\_

Any diabetes-related complications (e.g., numbness or tingling, kidney problems, eye or skin ulcers)?  Yes  No

If yes, provide complication details: \_\_\_\_\_

Does your doctor think you have good blood sugar control?  Yes  No

**Stroke**  Yes  No

Date diagnosed: \_\_\_\_\_ Transient ischemic attack (TIA): \_\_\_\_\_

Any functional limitations or residuals?: \_\_\_\_\_

If more than one stroke, include number of events and dates: \_\_\_\_\_

**Heart conditions**  Yes  No

Date diagnosed: \_\_\_\_\_ Type of heart condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

Degree of recovery: \_\_\_\_\_

**Congestive heart failure**  Yes  No

If yes, when?: \_\_\_\_\_

**Arthritis**  Yes  No

Type:  Osteo  Rheumatoid Which joints are affected?: \_\_\_\_\_

Any joint replacements?:  Yes  No If yes, which joints were replaced?: \_\_\_\_\_ When?: \_\_\_\_\_

Steroid use?:  Yes  No

**Other medical conditions or recent surgeries/procedures**

Please list any diagnosed medical conditions not listed above.

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

**Family history**

Do you have a parent diagnosed with coronary artery disease or other heart-related disease prior to age 60?  Yes  No  Unknown

Do you have one parent diagnosed with dementia prior to age 60?  Yes  No  Unknown

Do you have both parents diagnosed with dementia prior to age 60?  Yes  No  Unknown

**Bone density**

Have you had a bone density test done?  Yes  No If yes, was there bone loss?  Yes  No

If yes, what were your most recent T and Z scores?: \_\_\_\_\_

*(These scores can be obtained from the doctor's office that performed the test.)*

Have you had any fractures?  Yes  No If yes, what was fractured?: \_\_\_\_\_ When?: \_\_\_\_\_

**Prostate  not applicable**

Have you had a prostate exam?  Yes  No If yes, what are your prostate-specific antigen (PSA) levels? \_\_\_\_\_

If positive for prostate cancer or elevated PSA, indicate type of treatment plan or surgery and follow-up PSA score: \_\_\_\_\_

**LONG-TERM CARE(LTC) QUESTIONS** *(answer only if applying for LTC or chronic illness rider)*

Have you been turned down for long-term care insurance in the past 12 months?  Yes  No

Do you take prescription medications and/or had medication changes in the last 12 months?  Yes  No *If yes, please respond below.*

List prescription medication: name and changes, dosage and frequency, date started and related condition.

ALS (Lou Gehrig's disease) <input type="checkbox"/> Yes <input type="checkbox"/> No	Dementia muscular dystrophy <input type="checkbox"/> Yes <input type="checkbox"/> No	Alzheimer's disease <input type="checkbox"/> Yes <input type="checkbox"/> No
Huntington's chorea <input type="checkbox"/> Yes <input type="checkbox"/> No	Parkinson's disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Cognitive impairment <input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple sclerosis <input type="checkbox"/> Yes <input type="checkbox"/> No	Cystic fibrosis <input type="checkbox"/> Yes <input type="checkbox"/> No	Cirrhosis of the liver <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a handicapped parking decal?  Yes  No

Are you currently receiving disability benefits or undergoing physical therapy?  Yes  No

Do you have any surgery currently scheduled? (not yet performed)  Yes  No

Do you use a cane (multipronged), walker or wheelchair?  Yes  No

Do you use an oxygen tank?  Yes  No

*If your client answered "yes" to any of the questions above, contact Raymond James Insurance Group for alternatives.*

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