QUALIFYING QUESTIONS FOR A LIFE SETTLEMENT

ashar group
LIFE SETTLEMENTS AND POLICY VALUATIONS

If possible, please provide an illustration with a level premium and death benefit to age 105.

1st Insured Name				2nd Insured Name			
Gender ☐M ☐F	Date of Birth	Height	Weight	Gender ☐M ☐F	Date of Birth	Height	Weight
Policy Owner Name		Policy Owner State		Reason for exploring a life settlement			
Policy Owner E-Mail				Policy Owner Phone Number			
Tobacco Use? Y/N ☐M ☐F ☐Both		Have life expectancy reports been completed on the insured(s)? If yes, write result here:				Conversion Deadline Date	
Date Policy May Lapse		Issue Rating		Insurance Carrier		Original Issue Date	
Loan Amount on Policy		Policy # (last 4 digits)		Policy Type (Term, UL, VUL, WL, etc.)			
Face Amount/Death Benefit:		Current Cash Surrender Value:		Date of Cash Surrender Value:			
What will you do if the policy cannot be sold? Continue Premium Payments ☐ Reduce the Death Benefit ☐ Lapse/Surrender ☐ Transfer ☐							

Insured(s) Health and Daily Lifestyle: Please check one for each insured:

1st Insured	2nd Insured	How would the insured or a close family member describe their daily health and activity?
☐	☐	Insured lives a normal lifestyle: driving, traveling and shopping for themselves. Standard health or better.
☐	☐	Insured is primarily self-sufficient.
☐	☐	Insured lives on their own but requires some assistance and needs to be checked on routinely.
☐	☐	Insured needs assistance with (bathing, laundry, eating, dressing, shopping, walking, etc.)
☐	☐	Insured needs daily supervision. Insured is never left alone for long periods.
☐	☐	Insured lives in an assisted living facility.
☐	☐	Insured needs monitoring 24 hours a day, or in-home care, or has a terminal illness.

Insured (s) Physician Information: Please check if the insured has been seen by any of these physicians in the last 5 years:

1st Insured	2nd Insured	Physician Specialty
☐	☐	Primary Care/Internist
☐	☐	Rheumatologist
☐	☐	Cardiologist
☐	☐	Nephrologist
☐	☐	Neurologist
☐	☐	Urologist
☐	☐	Pulmonologist
☐	☐	Endocrinologist
☐	☐	Oncologist
☐	☐	Veteran's Administration
☐	☐	Hematologist
☐	☐	Other:

Prescription Information: Please list the medications that the insured is currently taking, and any dosage information of these prescriptions.

1st Insured

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Any Other Life Insurance Policies on 1st Insured

Insurance Company _____ Face Amount _____ Policy Type (Term, UL, VUL, WL, Etc)_____

Insurance Company _____ Face Amount _____ Policy Type (Term, UL, VUL, WL, Etc)_____

2nd Insured

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Any Other Life Insurance Policies on 2nd Insured

Insurance Company _____ Face Amount _____ Policy Type (Term, UL, VUL, WL, Etc)_____

Insurance Company _____ Face Amount _____ Policy Type (Term, UL, VUL, WL, Etc)_____

Insured(s) Medical Conditions and Diagnoses: Check all that apply.

1st Insured	2nd Insured	Health Condition/Event	Date of Diagnoses
☐	☐	Alzheimer's Disease	
☐	☐	Amyotrophic Lateral Sclerosis (ALS)	
☐	☐	Aneurysm Type: _____	
☐	☐	Anxiety or Depression	
☐	☐	Bypass Surgery/Stent	
☐	☐	Cancer Type: _____ Stage: _____	
☐	☐	Cardiac Arrhythmia/ AFIB	
☐	☐	Congestive Heart Failure	
☐	☐	Coronary Artery Disease Ejection Fraction %: _____	
☐	☐	Chronic Obstructive Pulmonary Disease (COPD)	
☐	☐	Diabetes (Type II) Controlled	
☐	☐	Diabetes (Type II) Uncontrolled	
☐	☐	Dialysis	
☐	☐	Dementia	
☐	☐	Emphysema Stage: _____	
☐	☐	Frequent Falling	
☐	☐	Heart Attack Date: _____ Ejection Fraction %: _____	

1st Insured	2nd Insured	Health Condition/Event	Date of Diagnoses
☐	☐	Heart Valve Replacement Ejection Fraction %: _____	
☐	☐	Hepatitis Type: _____	
☐	☐	Kidney Disease Stage: _____	
☐	☐	Liver Disease	
☐	☐	Multiple Sclerosis	
☐	☐	Organ Transplant Type: _____	
☐	☐	Parkinson's Disease Stage: _____	
☐	☐	Rheumatoid Arthritis	
☐	☐	Short Term Memory Loss	
☐	☐	Stroke – Multiple Strokes? ☐ Y ☐ N	
☐	☐	TB Lung Disorder	
☐	☐	Transient Ischemic Attack (TIA) – Multiple TIA's? ☐ Y ☐ N	
☐	☐	Uses cane, walker, or crutches	
☐	☐	Vascular Disease	

Comments/Notes: Please provide additional details about your health conditions/events in the space(s) below.

1st Insured

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2nd Insured

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