



# Policy Review

**Insured Name:** ..... **Review Date:** .....

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Have you received an annual statement? Yes  No   
Have you reviewed it? Yes  No

**Your present insurance coverage:**

- Are the names and addresses of the owners, beneficiaries and insureds up to date?
- Is your mailing address accurate?
- Is each birth date accurate?
- Are secondary beneficiaries named on each policy?
- Do you understand all of the benefits of the insurance you currently own?

**Is your present coverage adequate to:**

- Pay off your current liabilities?
- Provide enough income for your family to survive for the next 10 years without your salary?
- Support your plans for your children’s education?
- Provide liquidity for final expenses and any estate taxes?

**Since your last review, have you:**

- Moved?
- Changed your marital status?
- Added to your family?
- Changed jobs?
- Acquired more or new group insurance coverage?
- Started or expanded a business?
- Taken out or paid off a loan?
- Retired?
- Begun caring for an aging parent?

**Would you like to:**

- Update your beneficiary designation?
- Change your premium payment schedule?
- Convert your term insurance?
- Change your dividend option?
- Change the guarantee period on your existing Universal Life Policy?
- Start or add to your IRA or Roth IRA?

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