



Annuity Funded Life Insurance

Fact Finder

Client Information:

Insured's Name: _____

Owner's Name: _____

Date of Birth: _____

State: _____

Underwriting:

- Super Preferred Non Smoker, Preferred Non Smoker, Standard Plus Non Smoker, Standard Non Smoker, Preferred Smoker, Standard Smoker, Uninsurable

Spouse's Name: _____

Date of Birth: _____

State: _____

Underwriting:

- Super Preferred Non Smoker, Preferred Non Smoker, Standard Plus Non Smoker, Standard Non Smoker, Preferred Smoker, Standard Smoker, Uninsurable

Is Spouse joint owner?: Yes No

Owner's Income Tax Bracket: _____%

Owner's Estate Tax Bracket: _____%

Producer Information

Name of Producer: _____

Producer Phone Number: _____

Beneficiary Information:

Name of Beneficiary: _____

Total Estate Value: \$ _____

After-Tax Growth Rate of Estate Assets: _____%

After-Tax Growth Rate of ILIT Assets: _____%

Income Tax Bracket: _____%

Plan Information:

Current Value of Annuity: \$ _____

Annuity Cost Basis: \$ _____

Annuity Contract Value Growth Rate: \$ _____

Initial Life Insurance Policy Death Benefit: \$ _____

Taxes on Withdrawal Paid Out of Pocket? : Yes No

Life Insurance Information:

Premium: _____

Number of Years: _____

Death Benefit: _____ Solve or Specified\$: _____

Increasing or Level: _____

State: _____

Owner: _____

Fax or Mail to Hansen Brokerage Services

Fax: 616-940-4033

5380 Cascade Rd. Ste 150

Grand Rapids, MI 49546