

Fair Market Value Estimate Request

For Life Insurance Policy Only



Building **your** future

ADVISOR

NAME	COMPANY
TELEPHONE	FAX
EMAIL	GBL REPRESENTATIVE

INSURED

NAME	AT ISSUE:	SMOKER	NON SMOKER	
MALE	FEMALE	CURRENT:	SMOKER	NON SMOKER
DATE OF BIRTH DD / MMM / YYYY	At issue, Standard	Non-Standard	Rating: _____	
Is Insured still Standard?	Yes	No		
*If no, please provide an estimated rating: _____				

INSURED #2 (IF APPLICABLE)

NAME	AT ISSUE:	SMOKER	NON SMOKER	
MALE	FEMALE	CURRENT:	SMOKER	NON SMOKER
DATE OF BIRTH DD / MMM / YYYY	At issue, Standard	Non-Standard	Rating: _____	
Is Insured still Standard?	Yes	No		
*If no, please provide an estimated rating: _____				

POLICY INFORMATION

INSURANCE COMPANY NAME	POLICY NUMBER	ISSUE DATE DD / MMM / YYYY
POLICY TYPE	BASIC SUM ASSURED	ISSUE AGE
PREMIUM	PAYMENT FREQUENCY	PREMIUM PAYMENT TERM
ACB	CASH SURRENDER VALUE	POLICY LOAN OUTSTANDING

Depending on insurance policy type we will need additional information. Please check page two for a complete list. *Additional information regarding the health of the Insured may be provided on page 2, "Notes".

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POLICY RIDERS (IF ANY)

1	TYPE OF RIDER	SUM ASSURED	PREMIUM
	POLICY TERM	PAYMENT FREQUENCY	PAYMENT TERM
2	TYPE OF RIDER	SUM ASSURED	PREMIUM
	POLICY TERM	PAYMENT FREQUENCY	PAYMENT TERM
3	TYPE OF RIDER	SUM ASSURED	PREMIUM
	POLICY TERM	PAYMENT FREQUENCY	PAYMENT TERM

NOTES:

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ADDITIONAL INFORMATION REQUIRED:

	In-Force Illustration	Policy Summary	Cost/ Premium Schedule	Account Statement <small>(Annual or Quarterly)</small>	Conversion Illustration*
Participating Policies	X	X			
Term Policies and Riders other than T to 100		X	X		X
Term to 100 Policies and Riders		X			
Universal Life Policy		X		X	
Universal Life with YRT Cost of Insurance	X	X	X		

* If a conversion option has not been determined at this time, please provide an illustration for a UL Policy with level COI



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Phone: (403) 249-1820
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Fair Market Value Estimate Request Fee Authorization

Gordon B. Lang & Associates Inc. will provide an estimate of the Fair Market Value (FMV) for a fee of **\$250** plus applicable taxes **for each life insurance policy**. Should a formal FMV assessment be prepared, any amount paid in order to complete that estimated FMV shall be credited against the final FMV charges for that policy.

Please complete the below billing information with respect to the above fee.

BILLING INFORMATION

NAME	COMPANY	
TELEPHONE	EMAIL	
ADDRESS	CITY & PROVINCE	POSTAL CODE

FEE CALCULATION*

NUMBER OF ESTIMATES	ESTIMATE FEE	TOTAL FEE
X	\$250	=

*If the fee calculation is left blank, your GBL Representative will complete it based on the number of policies

I, the undersigned, agree with the above fee schedule and hereby authorize Gordon B. Lang & Associates Inc. to proceed with the requested FMV estimate. I also certify that all the information enclosed is accurate and correct to the best of my knowledge.

SIGNATURE	DATE
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