# Fair Market Value Estimate Request

*gbl* | Building your future

## ADVISOR

NAME

COMPANY

TELEPHONE

FAX

EMAIL

GBL REPRESENTATIVE

## INSURED

NAME

MALE    FEMALE

AT ISSUE:    SMOKER    NON SMOKER

CURRENT:    SMOKER    NON SMOKER

DATE OF BIRTH DD / MM / YYYY

_____ / _____ / _____

At issue, Standard    Non-Standard

Is Insured still Standard?    Yes    No

*If no, please provide an estimated rating: _____

## INSURED #2 (IF APPLICABLE)

NAME

MALE    FEMALE

AT ISSUE:    SMOKER    NON SMOKER

CURRENT:    SMOKER    NON SMOKER

DATE OF BIRTH DD / MM / YYYY

_____ / _____ / _____

At issue, Standard    Non-Standard

Is Insured still Standard?    Yes    No

*If no, please provide an estimated rating: _____

## POLICY INFORMATION

COMPANY NAME

POLICY NUMBER

ISSUE DATE DD / MM / YYYY

POLICY TYPE

BASIC SUM ASSURED

ISSUE AGE

PREMIUM

PAYMENT TYPE

PREMIUM PAYMENT TERM

ACB

CASH SURRENDER VALUE

POLICY LOAN OUTSTANDING

Depending on insurance policy type we may need additional information.  Please check page two for a complete list.  *Additonal 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 TYPE | PAYMENT TERM |

### 2

| TYPE OF RIDER | SUM ASSURED | PREMIUM |
|---|---|---|
| POLICY TERM | PAYMENT TYPE | PAYMENT TERM |

### 3

| TYPE OF RIDER | SUM ASSURED | PREMIUM |
|---|---|---|
| POLICY TERM | PAYMENT TYPE | PAYMENT TERM |

## NOTES:

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## ADDITIONAL INFORMATION REQUIRED:

|  | In-Force | Policy Summary | Cost/ Premium Schedule | Account | Payment Period | Conversion |
|---|---|---|---|---|---|---|
| Participating Policies | X | X |  |  |  |  |
| Limited Pay Policies |  | X |  |  | X |  |
| Term Policies and Riders other than T to 100 |  | X | X |  |  |  |
| Term Policies and Riders |  | X |  |  |  |  |
| Renewable and Convertible Term |  | X | X |  |  | 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