

Fair Market Value Estimate Request

For Life Insurance Policy Only



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 / 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	MALE	FEMALE	AT ISSUE:	SMOKER	NON SMOKER
			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".

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 policy¹**. Should a formal FMV assessment be prepared within 4 months of the estimate, 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 CALCULATION²

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

¹Additional charges may apply to policies with multiple coverages

²If 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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5720-4th Street SE, Suite 130
Calgary, Alberta T2H 1K7
Toll Free: (877) 249-2999
Phone: (403) 249-1820
Email info@gblinc.ca

121 Richmond St West, Suite 503
Toronto, Ontario M5H 2K1
Toll Free: (888) 941-9829
Phone: (416) 941-9829
www.gblinc.ca