

## Life Settlement Insights

## Insurance Valuation Worksheet

| Advisor Name: |  |
|---------------|--|
| Firm:         |  |
| Phone:        |  |
| Address:      |  |
| Email:        |  |

## Policy Criteria for Life Insurance Settlements

All policies to be reviewed for sale in the secondary market should meet the following criteria:

- = Insured Age should be over 70 (male) or 75 (female)
- = Net Death Benefit (NDB) over \$250,000
- = Policy must be issued over 2 years ago
- = Carrier must be rated B+ or higher
- = Premium should be less than 10% of NDB
- = Cash surrender value should be less than 30% of NDB

If survivorship policy, use two rows to complete insured information.

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|----|---|-----|-----------------|-------------------------------|--------------------------------|--------------------|-----------------------------|-------------------|-----------------------|------------|-----------------|-----------------------------|--|--|
|    | Insured   |     |                 |                               |                                | Policy Information |                             |                   |                       |            |                 |                             |  |  |
|    | Gender  | Age | Smoker<br>(Y/N) | Health<br>Status <sup>1</sup> | Ownership<br>Code <sup>2</sup> | Carrier            | Policy<br>Type <sup>3</sup> | Net Death Benefit | Annualized<br>Premium | Cash Value | Surrender Value | Reason<br>Code <sup>4</sup> |  |  |
| 1  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 2  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 3  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 4  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 5  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 6  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 7  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 8  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 9  |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |
| 10 |   |     |                 |                               |                                |                    |                             |                   |                       |            |                 |                             |  |  |

Codes for use with this form:

Fax Hypothetical Illustration Worksheets to: 509-921-1755

<sup>&</sup>lt;sup>1/</sup> Health Status: **1** (above average health); **2** (standard health); **3** (minor impairment); **4** (severe impairment)

<sup>&</sup>lt;sup>2/</sup> Ownership: I (insured/owner); T (trust); C (corporate); O (other)

Policy Type: **UL** (universal life); **WL** (whole life); **T** (term - must be convertible); **VUL** (variable UL) - - for survivorship policies, please add an "S" to the code

Reason for client to consider: **A** (arbitrage/1035 alternative); **L** (lapsing policy); **K** (key-man or buy/sell); **E** (estate planning changes); **C** (charitable giving); **U** (underperforming policy)