

FACT FINDER

Performance Evaluation for Trust Owned Life Insurance

Section A: Trust Information
Trust 1

Trust Name _____
 Tax ID _____ Trust Date _____ Trust Situs _____
 Type of Trust (Testamentary, Revocable or Irrevocable) _____
 Address of the Trust _____
 Name of Attorney, Firm and Address Who Drafted the Trust _____

Office Phone _____ Email Address _____

Trustee(s) a) _____ c) _____
 b) _____ d) _____

Address _____
 Office Number _____ Email Address _____

Grantor(s) a) _____ SS# _____ DOB _____
 b) _____ SS# _____ DOB _____

Address _____
 Office Number _____ Email Address _____

Beneficiary(ies) a) _____ c) _____
 b) _____ d) _____

Trust 2

Trust Name _____
 Tax ID _____ Trust Date _____ Trust Situs _____
 Type of Trust (Testamentary, Revocable or Irrevocable) _____
 Address of the Trust _____
 Name of Attorney, Firm and Address Who Drafted the Trust _____

Office Phone _____ Email Address _____

Trustee(s) a) _____ c) _____
 b) _____ d) _____

Address _____
 Office Number _____ Email Address _____

Grantor(s) a) _____ SS# _____ DOB _____
 b) _____ SS# _____ DOB _____

Address _____
 Office Number _____ Email Address _____

Beneficiary(ies) a) _____ a) _____
 b) _____ b) _____

Section B: Life Insurance Portfolio

Trust 1						
Insurance Company	Policy Number	Policy Date	Product/Policy Type	Cash Value	Death Benefit	Premium

Are there any other assets held in the Trust? (If yes, please provide details)

Trust 2						
Insurance Company	Policy Number	Policy Date	Product/Policy Type	Cash Value	Death Benefit	Premium

Are there any other assets held in the Trust? (If yes, please provide details)

Section C: Trust Objectives

Please provide details as to the purpose of establishing each Trust?

How long is each trust likely to last?

What actions are required of the Trustee(s)?

What does each trust state about life insurance?

What does each trust state about diversification?

Certification of Trustee(s)

Each of the undersigned trustees individually certifies that: (a) all of the above information is true and may be relied on by Travelers; (b) they have the right to own and purchase life insurance on the life of the Proposed Insured under the terms of the Trust and applicable law; (c) by completing this certification and acknowledgement and the life insurance application, they have the power to bind the Trust to purchase the policy; (d) the Trust is in full force and effect as of the date of the application; (e) under the terms of the Trust and applicable law, the trustees have the authority to exercise all rights and powers under the policy without the consent of the Proposed Insured(s), including but not limited to, purchasing of insurance, naming and changing beneficiaries, paying premiums, surrendering the policy, withdrawal of cash value, borrowing, and assigning or transferring the policy or its proceeds; and (f) the purchase and ownership of the policy by the Trust is being made upon the advice of legal counsel familiar with the objectives of the Trust, the Proposed Insured(s), the Grantor(s) and the Beneficiary(ies). Payment by The Travelers of policy proceeds to the trustees shall constitute satisfaction of the obligation of the Travelers under the policy to the extent of such payment.

Signatures of Trustee (Date Signed)

Authorization - Receipt of Life Insurance Policies

Thank you for allowing us to access to your current life insurance policies. Please be assured we will keep your documents and the information they contain confidential and safe. _____ (Representative) acknowledges receipt of the following life insurance policies to be utilized for review purposes only.

Insured	Insurance Carrier	Policy Number	Policyowner

All information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of _____ (Representative), affiliated insurance companies and their reinsurers.

We will return your contracts and any supporting information promptly upon the completion of the Performance Evaluation process.

Trustee

Date

Trustee

Date

Trustee

Date

Advisor

Date

Representative

Date