# Annual Life Audit Worksheet

Emaly Riojas State Farm Agency

Insured: _____ Policy Date: _____

Face Amount: _____ Policy Type: _____

Beneficiary Designation #1: _____

Beneficiary Designation #2: _____

**We meet with our Life Policyholders annually for many reasons, including:**

Reason for purchase: _____

- ☐ To determine if ratings may be dropped because of present health or occupation.
- ☐ To consider additional coverage before age change (DOB: ___/___/___)
- ☐ To find out whether beneficiary designations are up to date and correct
- ☐ To suggest a value of life insurance on a spouse, son or daughter _____
- ☐ To consider adding "Guaranteed Insurability Option and/or Children's Term Rider(s)".
- ☐ To consider how Mortality Rates might have positively affected life premiums.
- ☐ To consider the affect Inflation has had on the Death Benefit of this policy:

  Year of Purchase: _____ Face Amount: _____ Today's Equivalent: _____
- ☐ The "Term Period" is ending _____. The "Conversion Window" is available: Y N

  Current Premium — Term: _____ Permanent Policy Premium: _____

  Total Premium for Life — Term: _____ Permanent Policy Premium for Life: _____

  Cash Value — Term: _____ Permanent Policy Cash Value: _____
- ☐ Are there people in your life whose death will have an impact on you?
- ☐ Emergency Contact Information: _____
- ☐ Our follow-up appointment/next audit is scheduled for _____

| | | Want |
|---|---|---|
| **L** | (Loans, Liabilities, Debt, etc) | |
| **I** | (Income Replacement) | |
| **F** | (Final Expenses & Medical Bills) | |
| **E** | (Education) | |
| **O** | (Other, ie charities, special needs help) | |
| **Less Current Coverage (if any)** | | |
| **Want** | | |

Signature _____ Date _____ Agent _____ Date _____