



PremiumLife Report Request Form
Current Plan vs Proposed Plan



Submit Request by Email to PremiumLifeReport@ufc.bz or by Fax **727-799-3869**

Sample PremiumLife Reports available on-line at www.UFC.bz/PremiumLifeReport

Advisor Name		Request Date	
Advisor Email		Advisor Phone	
Client Name		Spouse Name	
DOB	Sex	DOB	Sex
<input type="checkbox"/> Client is Retired	<input type="checkbox"/> Expects to Retire at Age:	<input type="checkbox"/> Spouse is Retired	<input type="checkbox"/> Expects to Retire at Age:
Health Classification		Health Classification	
Pre-Retirement Tax Rate	%	Retirement Tax Rate	% State
Capital Gains Tax Rate	%	Heirs Assumed Tax Rate	%

Wealth Planning Goals: What are the most important Wealth Planning Goals you want to accomplish?

Desired Spendable Cash Flow

<i>Current Needs</i>	Annual After-Tax	From Age	To Age	Optional Inflation
Living Expenses	\$			%
Major Purchases	\$			%
Other:	\$			%
Other:	\$			%

<i>Future Needs</i>	Annual After-Tax	From Age	To Age	Optional Inflation
Living Expenses	\$			%
Major Purchases	\$			%
Other:	\$			%
Other:	\$			%

Additional Notes: _____

Expected Cash Flow

	Annual After-Tax	From Age	To Age	Optional Inflation
Client Employment	\$			%
Client Social Security	\$			%
Client Pension	\$			%
Work After Retirement	\$			%
Other:	\$			%

	Annual After-Tax	From Age	To Age	Optional Inflation
Spouse Employment	\$			%
Spouse Social Security	\$			%
Spouse Pension	\$			%
Work After Retirement	\$			%
Other:	\$			%

Additional Notes: _____

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Current Assets:

Account Type	Asset Description <small>*Please provide Cost Basis if known</small>	Current Value	(+) Deposits or (-) Withdrawals	Growth	Mgmt Fee
Checking		\$	Yr	%	%
Savings		\$	Yr	%	%
Equity*		\$	Yr	%	%
Tax Exempt		\$	Yr	%	%
Tax Deferred*		\$	Yr	%	%
Annuity*		\$	Yr	%	%
Qualified Plan		\$	Yr	%	%
Qualified Plan		\$	Yr	%	%
Qualified Plan		\$	Yr	%	%
Qualified Plan		\$	Yr	%	%
Residence		\$	Yr	%	%
Other		\$	Yr	%	%
Other					

Asset Notes: _____

Current Life Insurance:

Insurance Company & Policy Type	Date Issued	Face Amount	Premium Details
Notes:			
Insurance Company & Policy Type	Date Issued	Face Amount	Premium Details
Notes:			
Insurance Company & Policy Type	Date Issued	Face Amount	Premium Details
Notes:			

Proposed Plan:

Product Description	Product Goal	Face Amount	Premium Details
Notes:			
Product Description	Product Goal	Face Amount	Premium Details
Notes:			
Product Description	Product Goal	Face Amount	Premium Details
Notes:			

Proposed Plan Design Notes: _____
