



PremiumLife Report Request Form



Proposed Investment vs Various Financial Alternatives

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

Proposed Life Policy

Ownership Name: _____

Carrier & Policy Type: _____

Face Amount Solve based on Premium Schedule of \$ _____

Premium Solve based on the Initial Face Amount of \$ _____

Age or Year to Start Income: _____ Level Income Increasing Income _____%

Additional Notes: _____

Comparison of Various Financial Alternatives

Please list the growth rate, management fee, and tax rates you would like illustrated.

Select Up To 3 Investments

	Growth	Mgmt Fee		Growth	Mgmt Fee
Taxable Investment	%	%	Money Market	%	%
Tax Deferred Account	%	%	Certificate of Deposit	%	%
Tax Exempt Fund	%	%	Annuity	%	%
Tax Deductible Retirement Plan	%	%	Side Fund	%	%
Equity Account	Growth____%	Dividend____%	Dividend Tax Rate____%	Capital Gains Tax Rate____%	
	Management Fee____%	Percent of Capital Gains that is Long Term____%	Portfolio Turnover Rate____%		

Additional Notes: _____

