

# Atlantic Financial

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Death Benefit Amount: \$ \_\_\_\_\_ Premiums Paid to Date: \$ \_\_\_\_\_

Name of Initial Policyowner (at time of policy issuance) \_\_\_\_\_

Name of Initial beneficiaries (at time of policy issuance) \_\_\_\_\_

Name of current policyowner (if different than question #) \_\_\_\_\_

Name of current beneficiaries (if different than question #) \_\_\_\_\_

What was the insured's and policyowner's original purpose for buying the policy? Please explain in detail. Explanations such as "estate planning" should be expanded upon: \_\_\_\_\_  
\_\_\_\_\_

Before or at the time of the policy was issued, did the insured, policyowner or any other party arrange to transfer, sell or assign, directly or indirectly the policy or any benefits to a third party?  Yes  No

If Yes, please describe the arrangements in detail and provide copies of any documents relating to the arrangement: \_\_\_\_\_  
\_\_\_\_\_

Has the insured or policyowner ever assigned the policy or policy benefits to any person or entity?  Yes  No

If yes, please describe the details of such assignment: \_\_\_\_\_  
\_\_\_\_\_

Has the policy or any of the policy premiums been financed by a third party, either through a loan, equity, contribution or otherwise?  Yes  No

If yes, please describe the financing arrangements in detail and provide copies of any documents referred to that arrangement: \_\_\_\_\_  
\_\_\_\_\_

If yes, what is the name of the lender: \_\_\_\_\_

If yes, what is the principal loan amount: \_\_\_\_\_

If yes, what is the loan maturity balance (payoff amount) \$ \_\_\_\_\_

If yes, what is the loan maturity date: \_\_\_\_\_

List all persons or entities (including any trust) who have or who have even had any direct or indirect ownership or other interest in the policy or its proceeds: \_\_\_\_\_

Please describe in detail the nature of the interest: \_\_\_\_\_

Please describe in detail, the dates and circumstances by which the interest was obtained: \_\_\_\_\_

Please described in detail, the person's or entity's relationship to the insured: \_\_\_\_\_

For each entity identified in response to this response to this question, please identify all persons or entities that own and, if different, control or manage, or have owned controlled or managed that entity. If any entity is a trust, please identify all past and present beneficiaries of such trust. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the policy's beneficiary changed since the policy was issued  Yes  No

If yes, who was the beneficiary at the time the policy was issued: \_\_\_\_\_

If yes, what was their relationship to the insured: \_\_\_\_\_

If yes, why was the beneficiary changed: \_\_\_\_\_

If yes, who is the current beneficiary and what is the beneficiary's relationship to the insured: \_\_\_\_\_  
\_\_\_\_\_

Has the insured or policyowner borrowed money directly or indirectly in connection with the policy:  Yes  No

If yes, please describe the borrowing arrangement in detail and provide copies of any documents relating to that arrangement: \_\_\_\_\_  
\_\_\_\_\_

Are any of the interests of the policyowner in the policy pledged as security to any person or entity or otherwise encumbered or restricted in anyway:  Yes  No

If yes, please describe the option in detail and provide copies of any documents relating to that option: \_\_\_\_\_  
\_\_\_\_\_

Does the policyowner or insured have knowledge of any information that may be used by the issuing insurance carrier to challenge the payment of the policy's death benefit, including whether the policyowner at the time of the policy issuance had an insurable interest in the life of the insured:  Yes  No

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Insured Signature of Insured Date

\_\_\_\_\_  
Name of Second Insured(if applicable) Signature of Second Insured (if applicable) Date

\_\_\_\_\_  
Name of Policyowner Signature of Policyowner Date

\_\_\_\_\_  
Name of Agent Signature of Agent Date