WALL ACTUARIES

Fair Market Valuation Estimate Request Form

Return form to:
quotes@wallactuaries.ca

Insured Information (see page 2 for additional details)

Last Name | Given Name(s)

DOB (mm/dd/yyyy) | ☐ M ☐ F Sex

Initial Underwriting Status: ☐ Standard ☐ Sub-Standard

If Sub-Standard, what was the rating? _____

Current Underwriting Status: ☐ Standard ☐ Sub-Standard

If Sub-Standard, assumed rating? _____

Current Smoking Status: ☐ Smoker ☐ Non-Smoker

If Smoker, type and frequency: _____

Second Insured (applicable to joint policies)

Last Name | Given Name(s)

DOB (mm/dd/yyyy) | ☐ M ☐ F Sex

Initial Underwriting Status: ☐ Standard ☐ Sub-Standard

If Sub-Standard, what was the rating? _____

Current Underwriting Status: ☐ Standard ☐ Sub-Standard

If Sub-Standard, assumed rating? _____

Current Smoking Status: ☐ Smoker ☐ Non-Smoker

If Smoker, type and frequency: _____

Purpose of Valuation

☐ Personal to Corporate Transfer ☐ Matrimonial division of property ☐ Charitable Donation

☐ Corporate to Personal Transfer ☐ Corporate to Corporate Transfer ☐ Other: _____

Date of Valuation

Has the change of ownership already occurred? ☐ Yes ☐ No

If Yes, date of change: (mm/dd/yyyy)

Policy Information (see page 2)

Insurance Company | Policy Number | Issue Date (mm/dd/yyyy) | $ Death Benefit | $ Premium | Premium Frequency

$ Cash Value/Account Value | $ Surrender Charge | $ Cash Surrender Value | $ Adjusted Cost Base | $ Policy Loan | Date of values (mm/dd/yyyy)

Type of Policy

☐ Universal Life -Level Cost
- ☐ Face + Funds
- ☐ Face Only
- ☐ Other: _____

☐ Universal Life - Yearly Renewal Term
- ☐ Face + Funds
- ☐ Face Only
- ☐ Other: _____

☐ Term to 100

☐ Whole Life Non-Participating

☐ Whole Life Participating

☐ Term
- ☐ 5 ☐ 10 ☐ 20
- ☐ Other: _____

☐ Other: _____

Additional Documents Required (see page 2)

- ☐ Account Statement
- ☐ Policy summary or copy of original policy

- ☐ Account statement
- ☐ Cost schedule
- ☐ In force illustration
- ☐ Level cost convertibility information

- ☐ Policy summary or copy of original policy

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- ☐ Policy summary or copy of original policy ☐ In force illustration

- ☐ Policy summary or copy of original policy
- ☐ Renewal premiums and expiration date
- ☐ Convertibility illustration - Level cost UL
- ☐ Convertibility illustration - Selected option: _____

- ☐ Policy summary or a copy of the original policy

Your Information (where should we send the estimate)

Name | Company | e-mail

Phone | Fax | ☐ e-mail ☐ Fax ☐ Mail ☐ Phone Preferred Method to Receive Estimate

Address | City | Province | Postal Code

Instructions for Completing the Estimate Request Form

Return form to:
quotes@wallactuaries.ca or
Fax: 1-888-622-5898

Insured Information

Last Name and Given Name(s) - Provide the names as they should appear on the final documents.

Initial Underwriting Status - If the policy being valued was rated sub-standard what was the rating? If it was a percentage rating, provide the total rating (200%), or the added rating (+100%). If the rating was a flat extra or age rating, please indicate the type and amount of the rating.

Current Underwriting Status - If the rating that would apply to a new policy is sub-standard the final valuation will require health records which will be reviewed by our underwriter. The collection of health information can be a lengthy process. To ensure a timely response Wall Actuaries can provide an initial estimate prior to submitting any health records. To do so, please provide an assumed rating, or provide a brief summary of any health concerns on the attached Health Information page. If the rating would be a decline, indicate **Decline** and provide a summary. A range may also be provided, and several estimates within that range will be completed.

Complete the medical release, or provide medical records. When the records are received Wall Actuaries will update the initial estimate using the actual medical information.

Type of Policy - Additional Documents

Account Statement - For Universal Life policies, provide an account statement that shows the opening balance, the insurance and other charges during the period, and the closing balance.

Policy summary or copy of original policy - Any document that explains the policy details (death benefit, premiums, type of insurance policy, etc.).

Cost Schedule - For Universal Life Yearly Renewal Term policies, a schedule of the cost of insurance for all future years. This is generally found as an appendix in the original policy.

Level cost convertibility information - Provide an illustration of the option to convert to a level cost of insurance, if that option is available. The level cost option is generally based on the current age of the life insured and current premiums payable for a new policy issued by the insurance company.

A small number of these policies include convertibility based on premiums guaranteed at issue which are lower than premiums payable for a new policy. If so, the illustration should be based on this option.

In force illustration - Provide an in force illustration of the policy. This is provided on request by the insurance company.

Renewal premiums and expiration date - Provide the date and premium of each renewal, the expiry date of the conversion option, and the expiry date of the policy.

Convertibility illustration - Level cost UL - Provide an illustration of the option to convert the policy to Universal Life level cost of insurance.

Convertibility illustration - Selected Option - If the policy will be converted to a permanent option other than level cost UL, also provide an illustration of the permanent option that will be selected. If there are no plans to convert the policy from term please indicate **No Conversion**.

Other - Provide as much information as possible. After review more information may be requested.

Health Information

Do not complete this form if there are no health concerns.

If the current underwriting status is sub-standard or unknown, health information will be required. In order to expedite the initial estimate an assumed rating may be used prior to collecting any health records. Please provide an assumed rating on page 1, or provide a brief description of health concerns here:

_____

_____

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After the initial estimate is provided, based on an assumed medical rating, you may decide to proceed with a new estimate using a rating based on medical records. A rating will provided by a Wall Actuaries underwriter. Please complete the medical release below. The release may be left blank on the initial request and completed after receiving the initial estimate, or may be completed with the initial request.

Medical Release

Doctor's Information

Name | Company | e-mail

( ) - Phone | ( ) - Fax | ☐ e-mail ☐ Fax ☐ Mail Preferred method to send release

Address | City | Province | Postal Code

Patient Information

Name | DOB (mm/dd/yyyy)

Address | City | Province | Postal Code

I, _____ authorize the release of the medical records for the patient indicated
Printed Name
above. This authorization shall be valid for a period of 180 days from the date of my signature.

Signature

_____ _____

(Signature of Patient or Patient's Legal Representative) Date

_____

Printed Name

_____

(if signed by someone other than the patient,
state your relationship to the patient/authority)