

FACT FINDER

Performance Evaluation for Trust Owned Life Insurance



Section A: Trust Information

Trust 1

Trust Name _____
 Tax ID _____ Trust Date _____ Trust Situs _____
 Type of Trust (Testamentary, Revocable or Irrevocable) _____
 Address of the Trust _____
 Name of Attorney, Firm and Address Who Drafted the Trust _____
 Office Phone _____ Email Address _____
 Trustee(s) a) _____ c) _____
 b) _____ d) _____
 Grantor(s) a) _____ SS# _____ DOB _____
 b) _____ SS# _____ DOB _____
 Beneficiary(ies) a) _____ c) _____
 b) _____ d) _____

Section B: Insured Information

Insured 1	Insured 2
Full Name _____	Full Name _____
Gender (m/f) _____ Date of Birth _____	Gender (m/f) _____ Date of Birth _____
Tobacco Y/N Type _____	Tobacco Y/N Type _____
Medical Impairments _____	Medical Impairments _____
Medications _____	Medications _____

Section C: Life Insurance Portfolio

Trust 1						
Insurance Company	Policy Number	Policy Date	Product Type	Death Benefit	Cash Value	Premium

Are there any other assets held in the Trust? (If yes, please provide details)
