LIFEROC CAPITAL, LLC

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POLICY PRE-SCREEN REQUEST

Checklist

Please use this Consumer Checklist (this "Checklist") as a reference guide, to help you determine if you have completed and assembled items that we need in order to expedite review of your file. You need not return this Checklist to us.

To help guide you, indicate "Yes" if included, "No" if applicable but not included, and "N/A" if not applicable.

Included (Yes / No / N/A)	Items We Require for Expedited File Review
	Complete Pre-Screen & Valuation Request • A separate copy is needed for each person insured under the subject life insurance policy.
	Current in-force illustration • For universal life (UL) coverage, the illustration must show minimum premium to insured age 100. • For term coverage, LifeRoc can run the applicable conversion illustration(s). • LifeRoc can order if you provide a signed Authorization for Release of Policy Information.
	Copy of the Policy • If a copy of the Policy is not immediately available, please forward a copy to us as soon as possible
	Copy of Most Recent Annual Statement
	Premium Payment History (If the policy is a GUL or No Lapse Guarantee) • Provide a complete premium payment history with Dates and Amounts paid. • LifeRoc can order if you provide a signed Authorization for Release of Policy Information.
	Authorization for Release of Policy Information • Only needed if you need LifeRoc is to order Inforce Illustrations or Premium Payment Histories.

About the Policy

Carrier:	**Policy Number:**
Base Face Amount:	**Policy Issue Date:**
Insuring (check one): ☐ **Individual** ☐ **Joint-Survivor**	**Rate Class at Issue:**
Policy Type (check one): ☐ **UL** ☐ **GUL** ☐ **IUL** ☐ **VUL** ☐ **Term Convertible** ☐ **Term Non-Convertible** ☐ **Whole Life** ☐ **Group**	
Guaranteed Term Period (if Term):	**Term Conversion Expiration Date (if Term):**
List all Riders:	
Current Account Value:	**Current Cash Surrender Value:**
Outstanding Loan Balance:	**Date Last Premium Paid:**
Amount of Last Premium Paid:	**Mode (check one):** ☐ Annual ☐ Semi An. ☐ Quarterly ☐ Monthly
Was the Policy ever the subject of any premium financing activity, arrangement, or agreement? ☐ YES or ☐ NO	

About the Policy Owner

Fuller Owner Name:	
Owner State:	Reason for Sale?

Policy / Owner Notes

About the Insured

First Name:	Last Name:
Date of Birth:	POA In Effect?: ☐ YES or ☐ NO

Insured Health Profile

Height:	Weight:	Ever applied for disability? ☐ YES IN YEAR(S) _____ or ☐ NO
Do You Still Drive?: ☐ YES or ☐ NO		Have you had any fall(s) in past 5 years? ☐ YES or ☐ NO

Tobacco Use in the past 5 years (If none, write "None" to indicate that)

Check Product Type (below)			Date Last Used	Amount / Frequency
☐ Cigarettes	☐ Cigars	☐ Other		

Current Medication(s) (If none, write "None" to indicate that)

Medication Name	Reason Taking	Length / Frequency / Dosage

Major surgeries or illnesses in the past 10 years (If none, then write "None" to indicate that)

Date	Type	Reason / Cause	Current Status of Condition

Has the Insured ever been treated for or diagnosed with any of the following?

Answer with "Yes" or "No" as applicable; provide details in the "Additional Comments" section below.

Alcohol/Drug Abuse ☐	Arthritis ☐	Anemia/Blood Disorder ☐
Brain Disorder ☐	Breathing Problems ☐	Broken Bones ☐
Cancer ☐	Chronic Pain ☐	Dementia/ Alzheimer's ☐
Depression/Anxiety ☐	Diabetes ☐	Dizziness/Vertigo ☐
Heart Attack ☐	Heart Disease ☐	High Blood Pressure ☐
High Cholesterol ☐	Immune Disorder ☐	Kidney Issues ☐
Liver Issues ☐	Neurological Issues ☐	Osteoporosis ☐
Pancreas Issues ☐	Sleep Apnea ☐	Stomach/Digestive/Colon ☐
Stroke/TIA ☐	Tumors/Cysts ☐	Thyroid Issues ☐

Additional Comments / Other Health Issues (add additional page(s) as necessary):