INSURANCE POLICY STATEMENT

Key Information to Review

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Here's a look at some of the key information you will need to transfer from your clients' annual statements(s) to the in-force policy review form.

XYZ Life Insurance Company

Client Name
Address
City, State

Annual Statement Review

Policy Number: XXXXXXXXX
Policy reporting: 12/27/2014-12/26/2015
Insured: Client Name
Gender: Female
Issue age: 43
Class: Nontobacco
Annual planned premium: $2,500
Mode: Annual
Ending death benefit: $500,000

1 **Policy date (issue date):** The date the policy was placed.

2 **Annual premium:** The amount of premium that is paid annually.

3 **Death benefit:** The amount of benefit that goes to heirs.

Policy values as of 12/27/2014 to 12/26/2015

Accumulation value at end of last reporting period:	$XX,XXX
Net premium paid:	$X,XXX
Interest credited:	$X,XXX
Cost of insurance:	($X,XXX)
Cost of riders:	$X
Expense charge:	($XX)
Partial surrenders:	$X
Accumulation values:	$X
Partial surrender charges:	$X
Cash surrender value at end of this reporting period:	$XX,XXX

4 **Accumulation value:** The cash value of the policy, or net value.

5 **Cash surrender value:** The accumulation value less any surrender charges.