



A periodic review of your insurance policy is part of the ongoing service I provide. This check-in will help ensure that you always have the right amount of coverage for your needs.

Insurance Policy Review

Policyholder information

Policy Owner Name(s) _____ Policy number _____

You have \$ _____ of coverage in a _____ plan.

If your plan is a term policy, the renewal is on: MONTH DD 20 YY .

Original coverage amount: _____

Your policy also has additional benefits/riders such as:

Changes made to your policy in the past year:

Changes to your personal situation in the past year that could affect your protection needs:

(e.g. occupation, family, properties, health etc.) _____

Any shortfall or new coverage/plan needed? _____

Would you like to make any changes to your policy? (e.g.: ownership, beneficiary, address, banking, billing)

Your planned premium is \$ _____ per _____ for _____ years.

Do you anticipate any changes to this? No Yes

Details _____

Notes:

Next steps:

Let's schedule our next meeting for _____ 20 ____ .

As we discussed in our initial engagement agreement, I make the commitment to communicate with my clients on a regular basis. We will review this plan again next year, in the meantime please be sure to contact me should anything change in your financial situation, or if you have any questions.

Advisor name/Signature _____ Date _____

Client name/Signature _____ Date _____

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