

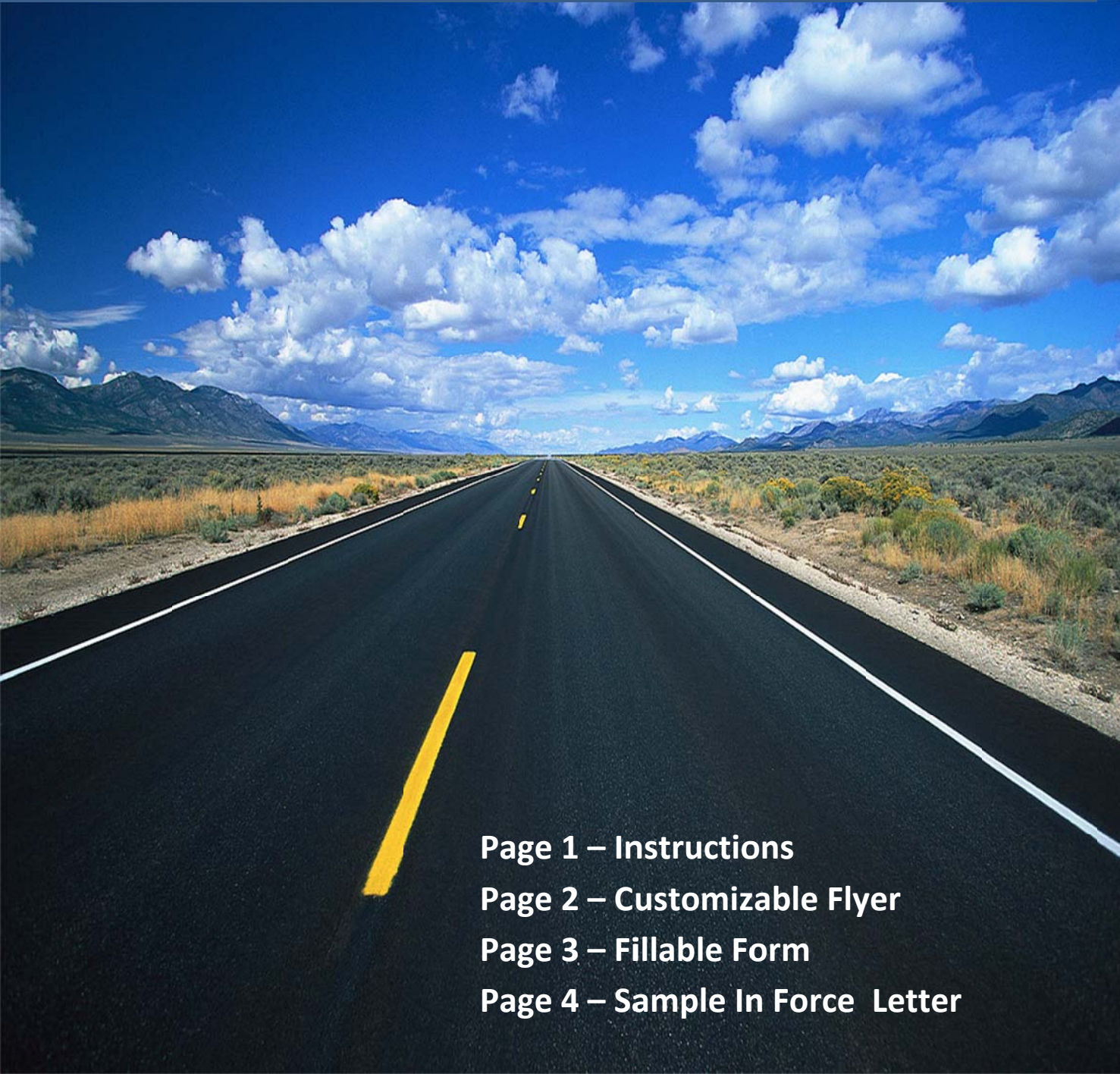
Westland's

# care

Program



*...The Financial Professional's Road to Increasing Insurance Production*



**Page 1 – Instructions**  
**Page 2 – Customizable Flyer**  
**Page 3 – Fillable Form**  
**Page 4 – Sample In Force Letter**

Contract Analysis, Review & Evaluation

*Westland is proud to offer you...*

# Our **Care** Process

*Advisors who follow these five simple steps have significantly increased life insurance production in their practice.*

**1. Order Your Customized CARE Flyer.**

**2. Distribute to Every Client and Prospect.**

**3. Contract Analysis**

Fill out the Policy Evaluation Form and provide us with the policy(ies), most recent annual statement, and an in-force ledger. We have provided a sample letter for your client to send to the insurance company requesting this information and can provide you with the Word version.

**4. Review & Evaluation:**

Send this information to Westland. We will determine how the policy is performing relative to the initial intent and the owners current and future needs. We will then compare the current contract to newer and more cost effective products in the marketplace and make a recommendation to maintain the existing contract or consider a change.

**5. Replacement:**

If we find that a new policy is in order, we will inform you of our reasoning. We will illustrate it for you and help you present it to your client, underwrite and exchange the replacement contract.

**Call Westland Financial Services for more information.  
We will be happy to talk you through the process.  
Step by step.**



*"Innovators of  
MoneyGuard"*

**800-238-8144**

**info@westlandinc.com**

**www.westlandinc.com**

# Keeping Up with Change Requires Constant Upgrades.



## It May Be Time to Upgrade Your Life Insurance and Why We Offer The CARE Policy Review.

As life changes, so do your needs. Like technology, insurance policies have changed over time offering more options and benefits to fit a changing world and often at a reduced cost. Regular review of your life insurance is essential to make sure that your policy, like other investments, is keeping pace with your life. Call today for a comprehensive review. We will provide you with a summary of what you have, including advantages and disadvantages and possible options if any change is warranted. This is a **free second opinion** and often we inform our clients that their existing policy is just fine and will continue to meet their goals and objectives.

Call or E-mail me now at:

Advisor Name

Your Logo Here

Advisor Address

Advisor Phone and E-mail

Website Address

**Don't Let Your Policy Die Before You Do**



**Policy Evaluation Form**

**Agent Information**

Name	Resident State	Client State
Address	Agent Phone	Agent Email

**Client Current Information**

Primary Insured Full Name	DOB	Sex	Additional Insured	DOB	Sex
Client Phone	Client Email	Add'l Client Phone	Add'l Client Email		
Primary Underwriting Class – any health changes since issue			Add'l Underwriting Class – any health changes since issue		
Policy Number	Policy Date	Policy Type	Insurance Company	Amount	
Purpose for insurance (survivor, estate, buy-sell, equalize, inheritance, etc)			Does purpose still exist? Has it changed? If so, explain.		
Planned Premium \$ _____ for ____ yrs	Current Interest Rate	Guaranteed Interest Rate	Desired Death Benefit \$ _____	Desired Cash Value \$ _____	Current Cash Value \$ _____

**In Force Illustration Goals**

- Current In-Force on a go forward basis with current interest rates.
- Current In-Force on a go forward basis with premium structure to attain above maturity rates.
- Solve to pay premiums for \_\_\_\_\_ years to attain \$ \_\_\_\_\_ cash value at maturity.
- Other

**Considerations**

How long will you require death benefit <input type="checkbox"/> Life Expectancy <input type="checkbox"/> Age 100 <input type="checkbox"/> Beyond 100 <input type="checkbox"/> Other	
How many years do you wish to pay premiums? <input type="checkbox"/> 1 year <input type="checkbox"/> 20 years <input type="checkbox"/> 5 years <input type="checkbox"/> Life Expectancy <input type="checkbox"/> 10 years <input type="checkbox"/> All years	Prioritize Objectives (Rank from 1 to 3, 1 being most important. Use each number only once.)  <input type="checkbox"/> I want to accumulate money for later withdrawals. <input type="checkbox"/> Accumulation is secondary. I want death benefit guaranteed.  <input type="checkbox"/> I want to pay the lowest premium and sacrifice returns and guarantees.

Date:

Insurance Company Name  
Attn: Policy Holder Services  
Company Address  
City, State Zip  
Fax:

RE: Valued Client  
Social Security No.:  
Policy No.:

Please accept this letter as authorization to provide the following information on the policy above to the address listed below:

1. Copy of the most recent annual statement to include current cash values and surrender values
2. In-force policy projections with current premiums, interest and/or dividends
3. In-force projection assuming no future premiums

Additionally, please confirm the following contractual information:

1. Owner name and contact information
2. Insured name and date of birth
3. Named beneficiary(ies) and contingent beneficiary(ies)
4. Name of premium payor
5. Rate class at date of issue

**Please mail, fax, or email all information to:**

My Agent  
Address  
City, State Zip  
Fax:  
Email:

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**AUTHORIZATION:**

I AUTHORIZE **My Agent** to obtain any and all in force and projected policy information as well as the above referenced contractual information on contract #**0000000000** for purpose of an annual policy review. Please note that a fax copy of this request for information shall be deemed valid as the original. Also note that I authorize your company to release all information to the representative noted above whether the request be made in writing or via telephone. I ask this request to be processed within 5 business days.

**X** \_\_\_\_\_  
Signature of Insured/Owner

Date: \_\_\_\_\_

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Printed name of Insured/Owner