

## L6001

# Actuarial Valuation to Assess the Fair Market Value (FMV) of a Life Insurance Policy

*Note: This is an interactive form. Please save this form to a local drive prior to entering your information.*

This form applies to those who require a fair market value of a life insurance policy.

Please send us the following information:

- Completed L6001 form;
- Copy of the actual life insurance policy contract;
- Copy of the most recent policy anniversary statement issued by the insurance company;

- For a participating (e.g. universal life) policy, illustrations requested from the insurance company of current dividend scale and reduced dividend scale. An illustration is a projection that is prepared by the insurance company showing projected future dividends, premiums and death benefits for the policy in future years.

**1. Insurance details**

Insurance Company	<input type="text"/>					
Policy Type	<input type="text"/>					
Policy Number	<input type="text"/>					
Policy Issue Date	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Face Amount	<input type="text"/>					
Life Insured	<input type="text"/>					
Gender of Insured	<input type="text"/>					
Date of Birth of Insured	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Classification (Smoker/Non-Smoker)	<input type="text"/>					
Current Premiums	<input type="text"/>					
Future Guaranteed Maximum Premiums	<input type="text"/>					
Accumulated Fund Value	<input type="text"/>					
Cash Surrender Value (CSV)	<input type="text"/>					
Value of Additional Insurance	<input type="text"/>					
Withdrawable Premium Fund	<input type="text"/>					
Policy Loan Value	<input type="text"/>					
Adjusted Cost Base (ACB)	<input type="text"/>					
Net Cost of Pure Insurance (NCPI)	<input type="text"/>					
Current interest rate on policy loan	<input type="text"/>					

**2. Effective date of valuation:**

**This is usually a date in the near future, or a date for purposes of transferring ownership.**

Date of valuation	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
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**3. Life expectancy of the insured:**

Normal

Subnormal, please explain

Please note that we only assume average/normal mortality and life expectancy based on the classification as specified in the policy. If the insured has any ongoing medical issues it may be necessary to have a mortality assessment by a mortality expert. Please refer to our website for details on mortality assessment.

Would you like us to contact the mortality expert of your choice on your behalf?  Yes  No

**4. Lawyer/Advisor Information**

Name of lawyer/advisor

Company name

Address

Email

Phone

I hereby undertake to pay Westcoast Actuaries Inc.'s fee for their actuarial valuation services.

Signature

Date