



# Life Assurance Audit Policy Checklist

- \_\_\_\_\_  
Name of Insured
  
- \_\_\_\_\_  
Name of 2nd Insured, if Joint Life Policy \_\_\_\_\_ Policy Date
  
- Most recent annual statement of the life insurance policy values available?  
\_\_\_\_Yes \_\_\_\_No
  
- Original illustration, if available, or most recent client statement \_\_\_\_Yes \_\_\_\_No
  
- Copy of Policy \_\_\_\_Yes \_\_\_\_No

*If policy is not available, please provide the following information:*

\_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_ Policy Number

\_\_\_\_\_  
Owner \_\_\_\_\_ Beneficiary

\_\_\_\_\_  
Premium Amount \_\_\_\_\_ Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly

\_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Current Cash Surrender Value

\_\_\_\_\_  
Purpose of Coverage

- In-force Ledger Request Letter signed and attached \_\_\_\_Yes \_\_\_\_No



Linsco/Private Ledger  
Member NASD/SIPC