



# LIFE INSURANCE REVIEW - CHECK LIST

In order to complete the life insurance review program, please follow the steps below to ensure your review is handled expeditiously.

## Step 1. Complete the Policy Details Section

Policy Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable UL <input type="checkbox"/> Indexed UL
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Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly    Current Premium: _____
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Submitting Advisor Name: _____
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Advisor Phone: _____    Advisor Email: _____
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## Step 2. Provide a Copy of Current Annual Statement

Please provide a copy of the most recent annual statement along with inforce illustrations, if available.

## Step 3. Provide a Signed ASA Authorization Form (Attached)

Please provide a signed ASA Authorization form. If the existing carrier is listed below, complete the carrier specific form in addition to the ASA Authorization Form.

[Click Here](#) to View Current List of Carriers and Their Authorization Forms

- |  |  |   |   |
|--|--|---|---|
| <ul style="list-style-type: none"> <li>• Allianz</li> <li>• Allstate</li> <li>• American Fidelity</li> <li>• Ameritas</li> <li>• AXA (Equitable)</li> <li>• American Dental Assoc</li> <li>• American Memorial (TruStage)</li> <li>• Athene</li> <li>• Augustar Financial (Ohio National)</li> <li>• Bankers Life (CNO)</li> <li>• Beneficial Life</li> <li>• Brighthouse</li> <li>• CNA (Reassure America)</li> <li>• CNO Services LLC</li> <li>• Columbia Mutual Life</li> <li>• Colonial Penn Life Ins. Co (CNO)</li> <li>• Conesco Life (CNO)</li> <li>• Cuna Mutual Life (TruStage Life)</li> </ul> | <ul style="list-style-type: none"> <li>• Delaware Life</li> <li>• Equitable</li> <li>• Farm Bureau</li> <li>• Federated Life</li> <li>• Fidelity Life Association</li> <li>• Fidelity and Guaranty</li> <li>• Hartford-See Talcott</li> <li>• Jackson National</li> <li>• Jefferson National (CNO)</li> <li>• John Hancock</li> <li>• Lafayette Life</li> <li>• Lincoln Benefit Life</li> <li>• Lincoln National</li> <li>• MassMutual</li> <li>• MetLife</li> <li>• Midland National</li> <li>• Minnesota Life (Securian)</li> <li>• Mutual of Omaha</li> </ul> | <ul style="list-style-type: none"> <li>• MONY-See Equitable</li> <li>• Nassau RE/Phoenix</li> <li>• Nationwide</li> <li>• New England (Brighthouse)</li> <li>• New York Life</li> <li>• North American</li> <li>• Ohio National (AuguStar)</li> <li>• Ozark National Life</li> <li>• Pacific Life (California)</li> <li>• Pacific Life (Lynchburg)</li> <li>• Pekin Insurance</li> <li>• Penn Mutual</li> <li>• Phoenix Life (Nassau Re)</li> <li>• Principal</li> <li>• Primerica</li> <li>• Provident Life and Accident</li> <li>• ReAssure America</li> <li>• Reliastar Life (Resolution)</li> </ul> | <ul style="list-style-type: none"> <li>• Resolution Life</li> <li>• Securian</li> <li>• Security Life of Denver (Resolution)</li> <li>• Security Mutual</li> <li>• Sun Life (Delaware Life)</li> <li>• Symetra</li> <li>• Talcott</li> <li>• The Midland (Reassure America)</li> <li>• Transamerica</li> <li>• TruStage Life</li> <li>• Union Central (Ameritas)</li> <li>• United of Omaha (Mutual of Omaha)</li> <li>• USAA</li> <li>• Voya (Resolution Life)</li> <li>• Washington National (CNO)</li> <li>• Western &amp; Southern Life</li> <li>• Wilco Life Ins. Co. (CNO)</li> </ul> |
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## Step 4. Submit to The ASA Group

Once you have completed the above information, obtained a copy of the annual statement along with inforce illustrations if available, signed ASA Authorization form and carrier specific authorization form, you can submit all materials to our team via email or fax:

[PHS@TheASAGroup.com](mailto:PHS@TheASAGroup.com) or Fax: (501) 400-8578

You will be notified once we have received your submission.



# IN-FORCE AUTHORIZATION FORM

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

1<sup>st</sup> Insured Name: \_\_\_\_\_ 2<sup>nd</sup> Insured Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Product Type:  Term  Whole Life  Universal Life  Variable UL  Indexed UL  Unknown

To whom it may concern:

I hereby authorize you to release any information on the above captioned policy with your company to THE ASA GROUP. This includes but is not exclusive to any cash value information as well as in-force ledgers. This Authorization shall remain valid for the maximum period allowed under applicable state laws, unless and until such time as I advise the insurance carrier in writing of its' revocation. Please Note TIN# 62-1009542 when needed.

**A photocopy or faxed copy of this authorization shall be as valid as the original.**

Thank you for your attention to this request.

Sincerely,

**IF PERSONALLY OWNED:**

➔ Owner's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Owner's Name (print): \_\_\_\_\_ Owner's SSN: \_\_\_\_\_

**IF TRUST-OWNED:**

➔ Trustee's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*(Example: John C. Smith, trustee)*  
Trustee's Name (print): \_\_\_\_\_ Trust Tax ID #: \_\_\_\_\_  
Full Name of Trust (print): \_\_\_\_\_ Date of Trust: \_\_\_\_\_  
Second Trustee's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Second Trustee's Name (print): \_\_\_\_\_

**IF BUSINESS-OWNED:**

➔ Officer's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*(Example: John C. Smith, company title)*  
Officer's Name (print): \_\_\_\_\_ Officer's Title: \_\_\_\_\_  
Full Name of Business (print): \_\_\_\_\_ TBusiness Tax ID #: \_\_\_\_\_

Authorized Individuals: Luke Ramsey or Aimee Murders or Danielle Burns  
*(The ASA Group employee)*

**FAX ALL INFORMATION TO (501) 400-8578 or  
E-MAIL TO: phs@theasagroup.com**