

Supporting Advisors Since 1977

THE ASA GROUP



Life Insurance Review Kit



WHAT IS THE PROCESS?

Helping provide value to your [client relationships](#) through our comprehensive policy review services.



1. OBTAIN ANNUAL STATEMENT

Once you've identified a client who has an existing policy, we can help you review their policies and put together a comprehensive analysis. In this analysis we will help re-establish the goals of the policy and vet its competitiveness from a product and underwriting position.



2. COMPLETE AUTHORIZATION

Our team will provide you and your team with the correct authorization forms needed to get inforce illustrations together. Every carrier has a different requirement and we have that information in house to make it easier for you and your client.



3. REVIEW ANALYSIS

Our long history in the industry provides us with the knowledge to help you accurately assess the competitiveness of the policy at hand. With our comprehensive product knowledge and underwriting background we can help you determine a set of recommendations to help you client make an informed decision on their existing policy.



OUR EXPERTISE

Our expertise is built on decades of experience.

In business since 1977, we've seen many changes in estate planning, underwriting, product(s), and technological areas of the business. We have transitioned through all of those changes and built an organization that serves its partners by helping them navigate their client's financial and risk management goals. Below are some of the ways The ASA Group can help you and your clients.

Estate Planning

- Generational Wealth Transfer
- Wills & Trust Review
- Charitable Giving Strategies
- Estate Tax Funding

Business Planning

- Business Succession Strategies
- Informal Buy Sell Review
- Informal Business Valuation Services
- Deferred Compensation

Policy Reviews

- Existing Life Policy Analysis
- Life Policy Evaluations & Analysis
- Medical Underwriting Reviews

Annuity Planning

- Single Premium Immediate Annuity
- Deferred Income Annuity
- Index Annuity
- Advanced Planning

Long-Term Care Planning

- Linked Benefit Analysis
- Hybrid Life Insurance Expertise
- LTC Needs Analysis

Disability Insurance

- Business Overhead Insurance
- Physicians Disability Insurance
- Business Owners Disability Insurance





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: Term Whole Life Universal Life Variable UL Indexed UL

Premium Mode: Annual Semi-Annual Quarterly Monthly Current Premium: _____

Submitting Advisor Name: _____

Advisor Phone: _____ Advisor Email: _____

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

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.

Carriers with Specific Authorization Forms

- [Acacia](#)
- [AICPA Insurance Trust](#)
- [Allianz](#)
- [Allstate](#)
- [Ameriprise](#)
- [Ameritas](#)
- [Athene](#)
- [Bankers Life](#)
- [Benefit Lafayette](#)
- [Beneficial Life](#)
- [Brighthouse](#)
- [Columbia Mutual Life](#)
- [Colonial Life](#)
- [Conseco](#)
- [Cuna Mutual Life](#)
- [Equitable](#)
- [Farm Bureau](#)
- [Federated Life](#)
- [Fidelity and Guaranty](#)
- [Hartford/Talcott](#)
- [IDS Life \(Ameriprise\)](#)
- [Kansas City Life](#)
- [Knights of Columbus](#)
- [Lafayette Life](#)
- [Life of the Southwest](#)
- [Lincoln Benefit Life](#)
- [Lincoln National](#)
- [MassMutual](#)
- [Minnesota Life](#)
- [Mutual of Omaha](#)
- [Nassau RE/Phoenix](#)
- [National Life of Vermont](#)
- [Nationwide](#)
- [New York Life](#)
- [North American](#)
- [Northwestern Mutual](#)
- [Ohio National](#)
- [Ozark National Life](#)
- [Pacific Life](#)
- [Panamerican Life](#)
- [Pekin Insurance](#)
- [Penn Mutual](#)
- [Phoenix Life](#)
- [Principal](#)
- [Primerica](#)
- [RiverSource \(Lafayette\)](#)
- [Securian](#)
- [Security Mutual](#)
- [Sun Life](#)
- [Symetra](#)
- [Thrivent](#)
- [Transamerica](#)
- [Thrivent](#)
- [TIAA CREF](#)
- [Union Central](#)
- [United of Omaha](#)
- [Universal Guaranty Life](#)
- [Western & Southern Life](#)

Step 4. Submit to The ASA Group

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

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: _____

1st Insured Name: _____

2nd 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.

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): _____

Tax Identification #: _____

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): _____

Tax ID #: _____

Authorized Individual: 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**

**We thank our partners for their continued
business and partnership since 1977.**



Contact

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