



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

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

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 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. 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): _____ Business Tax ID #: _____

Authorized Individuals: Yvette Etteldorff, Alicia Babock, Bonnie Gartland, Danielle Burns, Jacob Sprout, Luke Ramsey
(The ASA Group employee)

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

Ver. 01.24