

Insurance Policy FMV Request Form

In addition to this form, please provide the following:

- A recent policy summary or a recent policy statement.
- For participating policies, a recent policy illustration.
- For YRT policies, annual cost of insurance rates/future premiums.
- For renewable and convertible term policies, a conversion illustration.

Contact Information for the Person Completing this Form	
Name:	
Address:	
Phone number:	Email:
Policy Information	
Insurance company:	Policy number:
Policy type:	Basic sum insured:
Premium frequency:	Premium amount:
Premium type (i.e. level, YRT, etc.):	Cash Surrender Value:
Valuation date:	Policy loan:
Information on Insured	
Insured name:	Insured #2 name:
Insured date of birth:	Insured #2 date of birth:
Insured gender: Male Female	Insured #2 gender: Male Female
Insured: Non-smoker Smoker	Insured #2: Non-smoker Smoker
Insured health rating at issue: Standard Non-Standard	Insured # 2 health rating at issue: Standard Non-Standard
Insured current health rating: Standard Non-Standard	Insured #2 current health rating: Standard Non-Standard
Comments in insured health rating:	Comments in insured #2 health rating:
Please provide any other information that you feel is relevant:	

Please send the completed form and additional documentation to BCH Actuarial Services Inc. Please notify us by email or phone if you are sending information by mail.

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