



BOULEVARD®

## Policy Stress Test™ Request

*Personal and Confidential*

Client A Name: \_\_\_\_\_

Client B Name: \_\_\_\_\_

Complete and submit to:

[info@blydwealth.com](mailto:info@blydwealth.com) or fax to: (877) 670-2583 (*attn: Policy Testing*)



# Policy Research Request

## Life Insurance Policy Audit

This request is dated this \_\_\_\_\_ day of \_\_\_\_\_ I/we \_\_\_\_\_ do hereby grant Boulevard Wealth Management, LLC and its agents access to any and all information from your company pertaining to me or any policy wherein I/we are the owner(s) and/or insured(s), for the purpose of evaluating the detailed policy terms, for a period of 12 months following this request.

Please forward a current status report and an inforce illustration on the below referenced insurance policies as follows:

*(Check all that apply)*

- Full Pay – pay scheduled premium in all years
- Limited Pay – premium payments stop when values are adequate to maintain policy
- Level Solve – solve for level target premium (or to endow policy if whole life)
- Values – provide current account value, surrender value and any loan balance
- Beneficiaries – provide primary and contingent beneficiary information

*For all Universal Life Policies*

- Guaranteed Assumptions
- Mid-Point Assumptions
- Current Assumptions

*For all Variable Life Policies*

- 0% Rate of Return
- \_\_\_ Rate of Return (not to exceed 10%)
- \_\_\_ Rate of Return (not to exceed 10%)

## Detailed Policy Information

Carrier:

Policy Owner(s):

Policy Insured(s):

Policy Number(s):

Please forward requested information (attn: Policy Research), via fax to: (877) 670-2583

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Client Signature*