

# Client Policy Details Form

**Original** Life Company: \_\_\_\_\_

Original Policy Type: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Commencement Date (*dd/mm/yyyy*): \_\_\_\_\_

Maturity Date (*dd/mm/yyyy*): \_\_\_\_\_

Gross Premium (£): \_\_\_\_\_

Premium Frequency: Monthly / Quarterly / Bi-Annually / Annually

Minimum with profits sum assured (£): \_\_\_\_\_

**(NB Not total death benefit)**

Total Attached Bonus (£) \_\_\_\_\_ @ year ending (*yyyy*): \_\_\_\_\_

Special Bonus (£): \_\_\_\_\_

Surrender Value (£): \_\_\_\_\_

Surrender Value Date (*dd/mm/yyyy*): \_\_\_\_\_

**(NB Must be in the last 30 days)**

## **Personal Details:**

Date of birth of Life Assured {Male} (*dd/mm/yyyy*): \_\_\_\_\_

Date of birth of Life Assured {Female} (*dd/mm/yyyy*): \_\_\_\_\_

## **Further Details:**

Has the policy been altered (Yes/No): \_\_\_\_\_

If **yes**, please give details:

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