

# Fair Market Value Estimate Request



Building **your** future

## ADVISOR

NAME	COMPANY
TELEPHONE	FAX
EMAIL	GBL REPRESENTATIVE

## INSURED

NAME	MALE	FEMALE	AT ISSUE:	SMOKER	NON SMOKER
			CURRENT:	SMOKER	NON SMOKER
DATE OF BIRTH DD / MM / YYYY	At issue, Standard		Non-Standard		
____/____/____	Is Insured still Standard?		Yes	No	
	*If no, please provide an estimated rating: _____				

## INSURED #2 (IF APPLICABLE)

NAME	MALE	FEMALE	AT ISSUE:	SMOKER	NON SMOKER
			CURRENT:	SMOKER	NON SMOKER
DATE OF BIRTH DD / MM / YYYY	At issue, Standard		Non-Standard		
____/____/____	Is Insured still Standard?		Yes	No	
	*If no, please provide an estimated rating: _____				

## POLICY INFORMATION

COMPANY NAME	POLICY NUMBER	ISSUE DATE DD / MM / YYYY
POLICY TYPE	BASIC SUM ASSURED	ISSUE AGE
PREMIUM	PAYMENT TYPE	PREMIUM PAYMENT TERM
ACB	CASH SURRENDER VALUE	POLICY LOAN OUTSTANDING

Depending on insurance policy type we may need additional information. Please check page two for a complete list. \*Additional information regarding the health of the Insured may be provided on page 2, "Notes".

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## POLICY RIDERS (IF ANY)

1	TYPE OF RIDER	SUM ASSURED	PREMIUM
	POLICY TERM	PAYMENT TYPE	PAYMENT TERM
2	TYPE OF RIDER	SUM ASSURED	PREMIUM
	POLICY TERM	PAYMENT TYPE	PAYMENT TERM
3	TYPE OF RIDER	SUM ASSURED	PREMIUM
	POLICY TERM	PAYMENT TYPE	PAYMENT TERM

## NOTES:

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## ADDITIONAL INFORMATION REQUIRED:

	In-Force	Policy Summary	Cost/ Premium Schedule	Account	Payment Period	Conversion
Participating Policies	X	X				
Limited Pay Policies		X			X	
Term Policies and Riders other than T to 100		X	X			
Term Policies and Riders		X				
Renewable and Convertible Term		X	X			X
Universal Life Policy		X		X		
Universal Life with YRT Cost of Insurance	X	X	X			

\*If a conversion option has not been determined at this time, please provide an illustration for a UL Policy with level COI



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 Toll Free: (877) 249-2999  
 Phone: (403) 249-1820  
 Email info@gblinc.ca

121 Richmond St West, Suite 503  
 Toronto, Ontario M5H 2K1  
 Toll Free: (888) 941-9829  
 Phone: (416) 941-9829  
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# Fair Market Value Estimate Request Fee Authorization

Gordon B. Lang & Associates Inc. will provide an estimate of the Fair Market Value (FMV) for a fee of **\$250** plus applicable taxes **for each policy**. Should a formal FMV assessment be prepared, any amount paid in order to complete that estimated FMV shall be credited against the final FMV charges for that policy.

Please complete the below billing information with respect to the above fee.

## BILLING INFORMATION

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NAME	COMPANY	
TELEPHONE	EMAIL	
ADDRESS	CITY & PROVINCE	POSTAL CODE

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## FEE CALCULATION\*

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NUMBER OF ESTIMATES		ESTIMATE FEE		TOTAL FEE
	X	\$250	=	

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\*If the fee calculation is left blank, your GBL Representative will complete it based on the number of policies

I, the undersigned, agree with the above fee schedule and hereby authorize Gordon B. Lang & Associates Inc. to proceed with the requested FMV estimate. I also certify that all the information enclosed is accurate and correct to the best of my knowledge.

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SIGNATURE	DATE
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