

**LIFE INSURANCE VERIFICATION**

**TO:** (Life Insurance Company)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please supply information regarding:**

**Insured:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Please return a copy of this Life Insurance Verification to:**

Legal Department  
NYBDC/ESCDC/SZCC  
50 Beaver Street, 6<sup>th</sup> Floor  
Albany, New York 12207  
Fax No.: (518) 694-8584

**Borrower Name:** \_\_\_\_\_

=====

**A. OWNERSHIP:**

Is the ownership described above correct as to your records?  **YES**     **NO**

**B. PREMIUMS:**

Premium is paid:  Annually     Semi-annually     Quarterly     Monthly  
and is currently paid through: \_\_\_\_\_ (date).

**C. CASH VALUE:**

Cash Value as of \_\_\_\_\_ (date): \$ \_\_\_\_\_

**D. ENCUMBRANCES:**

Policy Loans (if none, please indicate): \_\_\_\_\_

Any existing Assignments, tax liens, or other encumbrances on record? If so, please describe:  
\_\_\_\_\_

**E. CLAIMS:**

In the event that a claim is made under this policy (whether for death benefit or for cash surrender), must the Original Policy be surrendered to your company?  **YES**     **NO**

**Authorized Signature of Life Insurance Company:**

\_\_\_\_\_  
*signature*

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_