

Advisor Attestation for Premium Financing



Securian Financial Services, Inc.
400 Robert Street North, St. Paul, MN 55101-2098
1-800-820-4205

This form must be used when premium financing is being used in conjunction with a life insurance policy. Please complete and sign this form, and return it to SFS with the client's application for Life Insurance. The client must also read and sign the Premium Financing Client Disclosure (F71589).

Client's name	Client's age
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Estimated net worth \$	Name of proposed bank or other lender
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Why is the client purchasing life insurance?

Has the insured obtained a life expectancy report or evaluation from an outside entity or company?
 Yes No

If yes, please explain why the life expectancy report was obtained

Does the case meet the premium financing guidelines required by the applicable life manufacturer?
 Yes No

Have you read and do you understand the Premium Financing Guidelines and Procedures for Securian located on Securian Advisor?
 Yes No

Have you discussed this case with an attorney in the Advanced Strategies Design Group?
 Yes No

I acknowledge that the client applying for this life insurance policy has not entered into any arrangement that obligates the client, or assigns, to sell or otherwise alienate any interest in the Policy other than through a collateral assignment to secure the Policy premium loans. I have also made any required disclosures to the client regarding compensation arrangements I may have for facilitating the premium financing.

Advisor signature X	Date
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Advisor name - please print	Rep code
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Home Office Use Only

	Date
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