

Life Insurance Policy In-Force Illustration Request

Request for life insurance policy information to:

Insurance company: _____

Address: _____

Fax: () _____ Phone: () _____

Regarding Policyowner: _____

Policy number(s): _____

I, the policyowner, request the following information regarding my life insurance policy(s) listed above.

Request for in-force illustration

The following in-force illustrations are requested:

- Illustration paying necessary annual premium to maturity leaving \$1,000 cash value at age 100 if sooner
- Illustration assuming no future premiums to be paid
- Continue to pay scheduled premium to maturity
- Other _____

Request for current policy information

Current annual statement and/or:

- Owner
- Insured
- Beneficiary
- Premium paid
- Accumulation value
- Net surrender value
- Net death benefit
- _____
- _____

Request for service forms:

- Ownership change
- Beneficiary change
- Change of address/phone
- Premium billing change
- Certificate of lost policy
- Surrender form
- Loan request
- _____
- _____

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My signature below authorizes your company to release the requested information/forms to:

Agent name: _____

Address: _____

Fax: _____ Phone: _____

I authorize your company to release any information to the representative noted above whether the request is made in writing or by telephone. Please note that a faxed copy of this request for information should be considered as valid as the original. I ask this request to be processed within 5 business days. Any question you may have should be directed to the above-named agent.

Sincerely,

Policyowner's signature – required

Date

Policyowner's printed name