



# IN-FORCE ILLUSTRATION REQUEST

## REQUEST FOR IN-FORCE POLICY INFORMATION TO:

Insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Policy number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

I, the policyowner, request the following information regarding my life insurance policies listed above.

## REQUEST FOR IN-FORCE ILLUSTRATION

The following in-force illustrations are requested:

1.  Paying necessary premium to maturity with \$1,000 cash value at age 100 or policy maturity age if sooner.
2.  Assuming no future premiums paid.
3.  Continue paying current scheduled premium to maturity.

Assume the following interest rates for each illustration: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

## REQUEST FOR CURRENT POLICY INFORMATION

Current annual statement and/or:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Owner               | <input type="checkbox"/> Loan Balance                    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Insured             | <input type="checkbox"/> Loan Interest Rate              | _____                                 |
| <input type="checkbox"/> Beneficiary         | <input type="checkbox"/> Crediting Method                | _____                                 |
| <input type="checkbox"/> Premium Paid        | <input type="checkbox"/> Index Allocations               |                                       |
| <input type="checkbox"/> Accumulation Value  | <input type="checkbox"/> Current Interest Rate           |                                       |
| <input type="checkbox"/> Net Surrender Value | <input type="checkbox"/> Policy Fees, Loads, and charges |                                       |
| <input type="checkbox"/> Net Death Benefit   | <input type="checkbox"/> Additional Rider Cost(s)        |                                       |



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**Request for service forms:**

- |  |  |
|--|--|
| <input type="checkbox"/> Ownership Change                  | <input type="checkbox"/> Certificate of Lost Policy        |
| <input type="checkbox"/> Beneficiary Change                | <input type="checkbox"/> Withdrawal or Partial Surrender   |
| <input type="checkbox"/> Change of Address or Phone Number | <input type="checkbox"/> Full Surrender for Net Cash Value |
| <input type="checkbox"/> Premium Billing Change            | <input type="checkbox"/> Loan Request                      |
| <input type="checkbox"/> Allocation Change                 | <input type="checkbox"/> Other: _____                      |

**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 whether the request is made in writing or telephonic. Please note that a faxed copy of this request should be considered as valid as the original. I ask this request be processed within 5 business days. Any questions you may have should be directed to the representative noted above.

Sincerely,

\_\_\_\_\_  
Policyowner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyowner's printed name