

# 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(ies) listed above.

### Request for in force illustrations

#### The following in force illustrations are requested:

1.  Illustration paying necessary annual premium to maturity leaving \$1,000 cash value at age 100 or policy maturity age if sooner.
2.  Illustration assuming no future premiums to be paid.
3.  Continue to pay scheduled premium to maturity.

Each illustration assumes the following interest rates: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

### Request for current policy information

#### Current Annual Statement and/or:

- Owner
- Insured
- Beneficiary
- Premium Paid
- Accumulation value
- Net Surrender value
- Net death benefit
- Loan balance
- Loan interest rate
- Crediting method
- Index allocation(s)
- Current interest rate
- Policy fees loads, and charges
- Additional rider cost
- Other \_\_\_\_\_

#### Request for service forms:

- Ownership change
- Beneficiary change
- Change of address/phone number
- Premium billing change
- Allocation change
- Certificate of lost policy
- Withdrawal or partial surrender
- Full surrender for net cash value
- Loan Request
- Other \_\_\_\_\_

## Life Insurance Policy In Force Illustration Request

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

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

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 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 questions you may have should be directed to the above named agent.

Sincerely,

\_\_\_\_\_  
Policyowner's signature – required

\_\_\_\_\_  
Date

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