

Request for Inforce Illustration

To: _____

Re: Insured: _____ DOB: _____
Policy Number: _____ SSN: _____

Please Provide the Following Information

- Current account value, current surrender value and cost basis information
- Beneficiary information
- Loan Balance

Type of Inforce Illustrations Requested

Premium Stream *(please check all that apply)*

- Full Pay – pay premium all years
- Limited Pay – scheduled premium payments stop when value adequate to endow policy
- Solve for level premium to endow policy
- Solve for level premium to guarantee policy for life
- Additional Scenario _____

Return Illustrations Via: Email Fax Mail

Print Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

X _____

Policyowner Signature (required)

Date

(Include capacity i.e. Trustee, Corporate Officer, Power of Attorney)