

Date: _____

Request In-Force Illustration

Policy Number(s): _____

Policy Owner/Trustee Name: _____

Policy Owner/Trustee Address: _____, State: _____, Zip: _____

Insured(s) Name(s): _____

To Whom It May Concern:

Please forward an In-Force Illustration on the above referenced policies. Please run as follows:

Current & Guaranteed hypothetical interest rate

Or

Hypothetical rate of return of 0% and 6% 8% Other % _____ (not to exceed 10%)

In-Force Illustration(s) requested:

Full Pay (scheduled premiums all years)

Limited Pay (stop at year _____)

Solve for level premium to endow at maturity

No Pay / Solve for No Pay (no further premiums)

Other _____

I hereby grant _____ authorization to request an in-force illustration on the life insurance policy or policies listed above. Please supply via the following method (check one)

Email to: _____

Mail to: _____

Fax to: _____

Policy Owner/Trustee Printed name and Title: _____

Policy Owner/Trustee Signature(s) and Title: _____

Date: _____