

Authorization to Request and Release Inforce Illustrations

By the policyowner signature below, this authorization should be considered by the issuing insurance company sufficient to release any information to the representative / entity noted below **even if the representative below is not the current broker of record.**

Note: Any request made in writing, by fax, telephone or electronic communication should be honored by the issuing insurance company without delay. **A copy of this request should be considered as valid as the original.**

Insurance Company Name: _____

Insurance Company Address: _____

City, St, Zip: _____

Policy Number 1: _____ Product: _____

Policy Number 2: _____ Product: _____

Name(s) of Insured: _____

Insured #1 D.O.B. ___/___/_____ Insured #2 D.O.B. ___/___/_____

Name of Policyowner (if different from insured): _____

Resident State of Policyowner: _____ SSN / Tax ID: _____

The following inforce illustrations are requested:

- ___ Current inforce illustration reflecting current performance and premium being paid
- ___ Illustration paying the necessary annual premium to maturity leaving \$1,000 cash value at age 100.
- ___ Illustration assuming no future premiums to be paid.
- ___ Illustration for level premium to endow policy.
- ___ Solve for level premium to guarantee the policy to age 100 or beyond
- ___ Additional Scenario(s) _____

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

Representative Name: _____

All information regarding the policy(ies) outlined above should be directed to the authorized general agency listed below. **This general agency is authorized to act on behalf of the policyowner and representative named above to procure any and all information.**

General Agency Address: _____

City, St, Zip: _____ Phone: _____

Email: _____ Fax (if applicable): _____

As policy/contract owner, I authorize you to release any information to the General Agency having the business address listed above. Note: a faxed copy of this request for information should be considered as valid as the original. I respectfully request that any request for information be processed within **5 business days of receipt by the issuing insurance company.** Any questions should be directed to the general agency named above.

Policyowner Signature: _____ Date: _____

Policyowner Printed Name: _____