

Life Insurance Policy Information Request

Insurance Company: _____

Address: _____

Fax: () _____ Phone: () _____

Regarding Policyowner: _____

Name(s) of Insured(s): _____

Policy number(s): _____

I, the policy owner, request the following information regarding my life insurance policy(s) listed above.

Request for Current Policy Information

Current annual statement and/or:

Request for service forms:

Owner (if trust, full name and date)

Policy fees, loans and charges

Ownership change

Insured

Loan balance

Beneficiary change

Beneficiary

Loan interest rate

Change of address/phone

Premium paid/ cost basis

Products available for conversion

Premium billing change

Accumulation value

conversion expiration date

Certificate of lost policy

Net Surrender Value

Issue class

Surrender form

Net Death Benefit

Loan Request

I hereby authorize you to release any information on the above captioned policy with your company, to Life Insurance Nerds. A photocopy or faxed copy of this authorization shall be as valid as the original.

Thank you for your attention to this request.

Sincerely,

Owner/Trustee Signature: _____ Date: ____/____/____

Owner/Trustee Name (Printed): _____ Owner/Trustee SSN: ____ - ____ - ____

Owner/Trustee Signature: _____ Date: ____/____/____

Owner/Trustee Name (Printed): _____ Owner/Trustee SSN: ____ - ____ - ____

Insured's Name (Please Print): _____ Date of Birth: ____/____/____

I AUTHORIZE YOU TO FORWARD THIS INFORMATION TO:



Life Insurance Nerds

Guaranteed Life Insurance
Straightforward
Efficiency Focused

Life Insurance Nerds

2155 Butterfield, Suite 102 South
Troy, MI 48084

Fax: 248-603-3595

Email: info@lifeinsurancenerds.com

Other: _____

PREFERRED METHOD OF DELIVERY: EMAIL FAX MAIL

Life Insurance Policy In-force Illustration Request

Insurance Company: _____

Address: _____

Fax: () _____ Phone: () _____

Regarding Policyowner: _____

Name(s) of Insured(s): _____

Policy number(s): _____

I, the policy owner, request the following information regarding my life insurance policy(s) listed above.

Inforce Illustration Request

Please specify your request:

- Current Premium, No Changes
- Solve for Level Premium to Age _____, With Cash Value of \$1,000 at Age _____
- Solve for Level Premium to Age _____, to:
- Pay no further premium
- Other, see comments

Interest rate / Rate of Return: 0% 4% 6% 8% Other:____% Contractual Guarantees

Comments: _____

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Sincerely,

Owner/Trustee Signature: _____ Date: ____/____/____
Owner/Trustee Name (Printed): _____ Owner/Trustee SSN: _____-_____-_____
Owner/Trustee Signature: _____ Date: ____/____/____
Owner/Trustee Name (Printed): _____ Owner/Trustee SSN: _____-_____-_____
Insured's Name (Please Print): _____ Date of Birth: ____/____/____

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