

**Letter of Authorization / In-Force Illustration Request**

**To: Current Insurance Company**

Company Name: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Product Type: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Policy Owner: \_\_\_\_\_

**To Whom It May Concern:**

I hereby authorize you to release any information and documents on the above referenced policy to the appointed representative below, as well as his or her staff. This included but is not limited to account value, projections, ownership, and beneficiary information. An electronically scanned or faxed copy of this document shall be considered as valid as the original.

**Advisor 1**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Advisor 2**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*Specifically, please provide the following selected information on the referenced policy(ies):*

- |   |  |
|---|--|
| <input type="checkbox"/> Cash/Account Value | <input type="checkbox"/> Beneficiary(ies)                    |
| <input type="checkbox"/> Surrender value    | <input type="checkbox"/> Outstanding policy loan information |
| <input type="checkbox"/> Cost Basis         | <input type="checkbox"/> Information on any policy riders    |
| <input type="checkbox"/> Taxable Gain       | <input type="checkbox"/> Other: _____                        |

*In addition, please provide in-force illustrations with the following selected features:*

- Original, as-sold illustration
- Illustration paying no additional premiums
- Illustration paying current premiums  for all years OR  for \_\_\_\_ years OR  to age \_\_\_\_
- Illustration paying \$\_\_\_\_\_ annually  for all years OR  for \_\_\_\_ years OR  to age \_\_\_\_
- Illustration paying current premiums for minimum # of years to carry policy  to maturity OR  to age \_\_\_\_
- Other: \_\_\_\_\_

*For these illustrations, please use the following hypothetical return assumptions:*

- Current and guaranteed rates OR  0% and \_\_\_\_% returns

**I hereby authorize you to send this information to the listed advisor(s) via e-mail or fax.**

**X**  
\_\_\_\_\_  
Policy Owner's Signature Date