

AUTHORIZATION TO REQUEST INFORCE ILLUSTRATION

Requesting Agent _____ Relationship to Insured/Policy Owner(s) _____

CARRIER & POLICY INFORMATION

Insurance Company _____ Policy Number(s) _____

Insured's Name(s) _____ Owner's Name(s) _____

Trust Name (if applicable) _____

Owner Signature(s) _____

Owner Signature(s) _____

Date _____

Date _____

I authorize the above requesting agent to obtain any and all inforce & projected values and policy information on the above policy(s). I understand that the life insurance companies named above, their reinsurers and insurance support organizations, and the authorized representatives of these companies may need to collect information about me regarding the in force policies. This authorization is not affected or limited by any prior agreements I may have made with any of the above persons or entities to restrict the release of such information, and I instruct them to release and disclose all such information without restriction. I understand that I may revoke this authorization at any time by sending a written revocation request to CreativeOne, P.O. Box 25958, Shawnee Mission, Kansas 66225-5958.

This authorization shall remain in force for 30 months after the date of my signature below, and a copy of this authorization is as valid as the original.

INFORCE ILLUSTRATION 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: Carry to Maturity Endow at Maturity Carry to Age: _____

Pay no Further Premium

Other: See Comments

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

Comments _____

Send inforce illustrations via: Email Fax Mail To Owner

Name _____

Address _____ City, State ZIP _____

Phone _____ Fax _____

Email _____

RETURN TO:

11460 Tomahawk Creek Pkwy., Ste. 200, Leawood, KS 66211

T 800.992.2642 P 913.814.0510 F 913.661.6020

THIS IS NOT AN APPLICATION FOR INSURANCE

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