

IN-FORCE ILLUSTRATION REQUEST



Date: _____

TO WHOM IT MAY CONCERN,

As the owner, I hereby authorize you to release any information requested by LFIA regarding my insurance or annuity contracts.

Product Type & Death Benefit
Owner & Contingent Owner
Beneficiary & Contingent Beneficiary
Cost Basis
Current Monthly Cost of Insurance
(if Universal Life Product)
Date of Issue

Underwriting Rating Class
Riders that are Included or Purchased
Send In-Force Illustration Under Current
Scenario. Paying Premium All Years.
- If Whole Life, use current dividend scale
- If Universal Life, use 6.5% interest rate

Insurance Carrier(s)

Additional Requests:

Owner's Signature _____	Today's Date _____
Owner's name (print) _____	Owner's DOB _____
Owner's address _____	Owner's SSN# _____

Tracking #LFF-0620-2083

All ledgers can be faxed to 214.556.2708 or emailed to policyaudit@levelfourinsurance.com
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toll free 800.460.5567 | fax 214.556.2708 | levelfourinsurance.com