

LIFE INSURANCE INFOFORCE ILLUSTRATION REQUEST & AUTHORIZATION

Life Insurance Company: _____

Contract Number(s): _____

Insured: _____

DOB: _____

Insured: _____

DOB: _____

To: Inforce Policy Service - I/We hereby request that you provide any and all information requested by the **LISA Report LLC** for the insurance policies referenced above.

Please provide the following Inforce Illustration(s):

"Current / As Is" - Pay scheduled premium for all years

"Minimum Premium to Maturity" - Solve for minimum premium required to carry the contract to the policy maturity date (or age 100)

"Suspended Premium" - No further premiums, maintain current death benefit

"Reduced Paid Up" - No further premiums, solve for death benefit to last until maturity (or age 100)

"Special Instructions / Other" - _____

Illustration Parameters:

Include **Guaranteed Values** for all illustrations

If **Variable**, please run at ____% and ____% rates of return.

If **Whole Life**, please run at current dividend scale

If **Index Universal Life**, please run at the AG49 maximum rate as well as 100 basis points less than

If **Fixed Universal Life**, please run at the current fixed rate

Additional Information:

Beneficiary Designation	Account Value	Cost Basis	Underwriting Rate(s)
Ownership Designation	Surrender Value	Taxable Gain	MEC Status
Payor Designation	Loan Balance	Net Death Benefit	Issue/Effective Date
Assignment Designation	Loan Interest Rate	Applicable Riders	Date of Last Premium

AUTHORIZATION

I/We authorize the **LISA Report LLC** to obtain information on these contracts, including, but not limited to, any statements, inforce ledgers, policy dates, premiums paid, rate class, beneficiary information, etc. in order to perform a current review of the above listed policies. I/We further authorize the **LISA Report LLC** to be able to speak with any of your representatives regarding these policies.

Policy Owner Signature: _____

Capacity: _____

Date: _____

Policy Owner Printed Name: _____

Policy Owner Signature: _____

Capacity: _____

Date: _____

Policy Owner Printed Name: _____