

Knew State Insurance
"Money Goes Where It Is Treated The Best"
Hello@AGreatAgency.com

POLICY REVIEW AUTHORIZATION

Policy (Current Insurance Company)

Insured

DOB

Policy Owner

Social Security # or TIN

Address

Policy Number(s)

Policyowner Signature(s)

Date

Capacity (owner, POA, trustee, etc.)

To be completed by Advisor

To Whom It May Concern:

I hereby grant Agent Kimberly McNamee access to any and all information from your company pertaining to me and any of my life insurance policies. The request is valid for one year.

Please forward a current status (cash values, loans, etc.) and an in-force illustration on the above referenced insurance policies. The in-force illustration should be run as follows:

- Current & guaranteed hypothetical interest rate
- Hypothetical rate of return of 0% and 3% 4% 5% 6% 7% other _____%

Type of in-force illustration(s) requested (*Check all that apply*):

- Full Pay – pay scheduled premium all years
- Limited Pay – scheduled premium payments stop when values adequate to endow policy
- Solve for level premium to endow policy
- Please also provide current account value, surrender value and beneficiary designations
- Other:

I authorize you to forward this information via fax to _____ 805.557.1503