

Request for Life Insurance policy information to:

Insurance Company: _____

Address: _____

Fax: (____) ____ - _____ Phone: (____) ____ - _____

Regarding Policyowner: _____

Policy number(s): _____

I, the policyowner, request the following information regarding my life insurance policies listed above.

Request for in force illustrations**The following in force illustrations are requested:**

1. ____ Illustration paying necessary annual premium to maturity leaving \$1,000 cash value at age 100 or policy maturity age if sooner.
2. ____ Illustration assuming no future premiums to be paid.
3. ____ Continue to pay scheduled premium to maturity.

Each illustration assumes the following interest rates: ____% ____% ____%

My signature below authorizes your company to release the requested information/forms to:_____
Agent Name_____
Address_____
Telephone number_____
Fax number_____
E-mail address

I authorize your company to release any information to the representative noted above whether the request is made in writing or by telephone. Please note a faxed copy of this request for information should be considered as valid as the original. I ask this request to be processed within five business days. Any questions you may have should be directed to the above named agent.

Sincerely.

Policyowner signature (required)_____
Date_____
Policyowner printed name



Life Insurance Proposal Request Form

Today's Date	
Client Name	
Client Information	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ State: _____ UW Class: <input type="checkbox"/> Preferred Non-Smoker <input type="checkbox"/> Std Non-Smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Sub Rating (Tbl Rating) ____
Death Benefit	<input type="checkbox"/> Specified Amount _____ <input type="checkbox"/> Solve for minimum death benefit to maximize cash value <input type="checkbox"/> Solve for maximum death benefit based on premium
Death Benefit Option	<input type="checkbox"/> Option A - Level <input type="checkbox"/> Option B - Increasing
Premiums	<input type="checkbox"/> Contribute specified premium \$ _____ from year ____ to ____ <input type="checkbox"/> Solve for target premium <input type="checkbox"/> Solve for maximum non-MEC premium <input type="checkbox"/> Solve for minimum premium <input type="checkbox"/> 1035 \$ _____ in year 1 - Source: _____
Withdrawals	<input type="checkbox"/> Withdraw income from age ____ to ____ <input type="checkbox"/> Withdraw maximum income <input type="checkbox"/> Withdraw specified income amount \$ _____
Products	<input type="checkbox"/> Universal Life <input type="checkbox"/> Indexed Universal Life <input type="checkbox"/> Whole Life <input type="checkbox"/> Variable Universal Life (VUL) <input type="checkbox"/> Survivorship Universal Life (SUL)
Illustration Assumptions/ Special Instructions	

Please email all quote requests to:
Stacey@marketingfinancial.com
or call 800-677-1087