



Life Insurance ILLUSTRATION REQUEST FORM

AGENT INFORMATION

Sales Representative Name _____
Agent Number (No need for additional Agent Info if this is provided) _____
Agent Name _____ Company Name _____
Street Address _____
City _____ State _____ Zip Code _____ Phone _____
Email _____ Agent License # _____
Broker-Dealer Name _____

INSURED INFORMATION

Name _____
Gender Male Female Age/Date of Birth _____ Backdate
Class Pref Best Pref NS Std Plus NS Std NS Pref Smoker Std Smoker
Table Rating _____ Flat Extra _____ State of Issue _____

SECOND INSURED INFORMATION

Name _____
Gender Male Female Age/Date of Birth _____ Backdate
Class Pref Best Pref NS Std Plus NS Std NS Pref Smoker Std Smoker
Table Rating _____ Flat Extra _____

CARRIER AND PRODUCT SELECTION

Send only the most competitive illustration(s)
Always Include _____ Always Exclude _____
Product Type Guaranteed UL Current Assumption UL Indexed UL
 Whole Life Variable UL

SOLVE TYPE

Solve for Premium/Specify Face Amount \$ _____
 Solve for Face Amount/Specify Premium \$ _____
Premium Duration Single Pay Year / Age _____ At Maturity Premium "Offset" (WL)
Policy Duration Year / Age _____ At Maturity Min Non-MEC Maximum DB
Permanent/Term Blend Permanent (\$ or %) _____ Term (\$ or %) _____

SOLVE FOR DISBURSEMENTS

Start at Year / Age _____ End at Year / Age _____

Target CV Goal \$ _____ Year / Age _____ At Maturity

W/D to basis, then loans Fixed Participating Variable

ILLUSTRATED RATE

Current Alternate _____ % AG49 Maximum (IUL)

Rate of Return (VUL) _____ % Gross Net

OTHER

Death Benefit Option A (Level) B (Increasing) B to A Switch

Life Insurance Test GPT CVAT

Premium Mode Annual Semi Annual Quarterly Monthly/PAC

Lump Sum Premium or Premium Deposit Account \$ _____

1035 Exchange \$ _____ 1035 Basis \$ _____ 1035 Loan \$ _____

POLICY RIDERS

Long Term Care/Chronic Illness Rider Amount (\$ and/or %) _____

Waiver of Monthly Deductions/Waiver of Premium

Accidental Death Benefit

Other _____

COMMENTS

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