

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 _____ 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

Figures are current as of the date of this audit and are subject to change in the future due to age changes and/or product changes. This report should only be used in conjunction with the complete illustrations, reports and professional interpretation of a licensed professional. This is not tax or legal advice.