



**THE THOMPSON AGENCY**  
Life • Long Term Care • Disability • Annuity  
Brokerage Service... *Making "Life" Easier*

## In-force Illustration Request Form

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 policy(ies) listed above.

### Request for in-force illustrations

The following in-force illustrations are requested:

- As-is
- Solve for necessary premium to keep policy inforce to maturity or to age \_\_\_\_\_.
- No further premiums.
- Solve for reduced face amount, with no further premium to carry to maturity.
- Using current premium, solve for face amount that will carry to maturity.

Each illustration assumes the following interest rates: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

### Request for current policy information

- |                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Owner               | <input type="checkbox"/> Premiums Paid            |
| <input type="checkbox"/> Insured             | <input type="checkbox"/> Premium Due Date         |
| <input type="checkbox"/> Beneficiary         | <input type="checkbox"/> Current Annual Statement |
| <input type="checkbox"/> Cash Value          | <input type="checkbox"/> Loan Balance             |
| <input type="checkbox"/> Net Surrender Value | <input type="checkbox"/> Cost Basis               |
| <input type="checkbox"/> Net Death Benefit   |                                                   |

**My signature below authorizes your company to release the requested information to:**

Agent Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Policyowner's signature – required

\_\_\_\_\_  
Date