

In Force Illustration Request & Authorization



Date: _____

Insured: _____ DOB: _____

Carrier: _____

Policy #: _____ Product: _____

To Whom it May Concern:

I hereby authorize you to release any information requested on the above mentioned policy to:

_____ Company: _____

This includes in force ledgers and policy information.

Policy Information requested:

- Cash surrender value
- Premiums paid to date
- Other _____

In force illustration(s) requested:

- As originally designed
- No further premiums
- Solve for premium to endow @ maturity
- Solve for premium for 0 cash value @ maturity
- Solve for level premium to guarantee policy for life
- Solve for level premium to guarantee policy to Age 100
- Other _____

Owner's Signature: _____ Today's Date: ___/___/___

Owner's Name (Printed): _____ SSN/TIN: _____

Fax or email to:

Sharon Harms
Fax – (619) 295-9939
Email – sharon@mkisinc.com

Thank you for your attention to this request!