



Letter of Authorization – Inforce Illustration Request

Insurance Company Name:
Company Phone/Email:
Insured Name:

Product Type:
Policy Number(s):
Policy Owner:

If policy is owned by a company, please include the Corporate Resolution with this request.

I hereby authorize you to release any information and documents on the above referenced policy to the appointed representative below, as well as his or her staff. This includes, but is not limited to, account value, projections, ownership, and beneficiary information. An electronically scanned or faxed copy of this document shall be considered as valid as the original.

Agent Name:
Firm Name:
Address:
Phone:
Fax:
Email:

BGA Contact Name:
Firm Name:
Address:
Phone:
Fax:
Email:

Specifically, please provide the following selected information on the referenced policy(ies):

- Cash/Account Value
Surrender Value
Cost Basis
Taxable Gain
Beneficiary(ies)
Outstanding Policy Loan Information
Information on Policy Riders
Other:

In addition, please provide inforce illustrations with the following selected features:

- Original, as-sold illustration
Illustration paying no additional premiums
Illustration paying current premiums:
For all years
For \_\_\_ years
To age \_\_\_
Illustration paying \$\_\_\_\_\_ annually:
For all years
For \_\_\_ years
To age \_\_\_
Illustration paying current premiums for minimum # of years to carry policy:
To maturity
To age \_\_\_

For these illustrations, please use the following hypothetical return assumptions:

- Current and guaranteed rates
0% and \_\_\_% returns

I hereby authorize you to send this information to the listed Agent/BGA via email or fax.

Policy Owner’s Signature, Title (if applicable) Date

Rev 11.2020

BIRMINGHAM CHARLOTTE COLUMBIA COLUMBUS NASHVILLE PHILADELPHIA RICHMOND