

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 Number:
Broker-Dealer Name:

Insured Information

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

Second Insured Information

Name:
Gender: ☐ Female ☐ Male Age/Date of Birth:
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

For Term Conversion Illustrations

Term Carrier: Term Product:
Policy Number: Conversion Expiration Date:
Face Amount: ☐ Full Conversion ☐ Partial Conversion
Balance of Term Policy: ☐ Continued ☐ Discontinued
Conversion Credits to be Applied (If Applicable): \$

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: ☐ 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): %

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 Rider

☐ Long Term Care/Chronic Illness Riders Amount (\$ and/or %):

☐ Waiver of Monthly Deductions/Waiver of Premium

☐ Accidental Death Benefit

☐ Other:

Comments