



Policy Review Authorization

To: _____
(Current Insurance Company)

Insured: _____ DOB: _____

Policy Owner: _____ Social Security # or TIN: _____

Policy owner Signature(s) *Date* *Capacity (owner, POA, trustee, etc.)*

Client address: _____

Re: Policy Number(s): _____

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.

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
- Or
- Hypothetical rate of return of 0% and 6% 8% other _____% (not to exceed 12%)

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 _____ at 805.557.1503