

# IN-FORCE ILLUSTRATION REQUEST

Top portion of this form needs to be completed by the requesting agent.  
Insured **MUST** sign the bottom portion before any information can be released to the agent.

Company \_\_\_\_\_ Date: \_\_\_\_\_

**Attn: In-Force Illustration Department**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**RE: Insured(s) and Owner(s)**

SS# or TIN#: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please accept this letter as authorization to provide the following information on the above referenced policy to the address listed below:**

1. Copy of the most recent annual statement to include current cash values and surrender values
2. In-force policy projections with current premiums, interest and/or dividends
3. In-force projections assuming no future premiums

**Additionally, please confirm the following contractual information:**

1. Owner name and contact information
2. Insured name and date of birth
3. Named beneficiary(ies) and contingent beneficiary(ies)
4. Name of premium payor
5. Rate class at date of issue

I AUTHORIZE Simplicity Des Moines (formerly Davis Life & Annuity) to obtain any and all in-force and projected policy information as well as the above referenced contractual information on this policy for the purposes of an annual policy review. Please note that a faxed copy of this request for information shall be deemed valid as the original. Also note that I authorize your company to release all information to the representatives noted above whether the request be made in writing or via the telephone. I ask this request be processed within 5 business days.

X \_\_\_\_\_  
Signature of Insured / Owner / Trustee Printed Name Date

X \_\_\_\_\_  
Signature of Insured / Owner / Trustee Printed Name Date

X \_\_\_\_\_  
Signature of Insured / Owner / Trustee Printed Name Date

**PLEASE MAIL, FAX OR EMAIL ALL INFORMATION TO:**

