

In-Force Illustration Request Form

Date:

Company:

Attn: In-Force Illustration Dept

Address1:

Address2:

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

Please mail, fax or email all information

to: Davis Life & Annuity

3737 Woodland Avenue, Ste. 600

West Des Moines, Iowa 50265

Fax: 888-618-7444

Email: david@davislife.com

AUTHORIZATION:

I AUTHORIZE Davis Life Brokerage 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 _____ Date: _____
Signature of Insured / Owner / Trustee Printed Name

X _____ Date: _____
Signature of Insured / Owner / Trustee Printed Name

X _____ Date: _____
Signature of Insured / Owner / Trustee Printed Name