

REQUEST FOR INFORCE ILLUSTRATION

I hereby grant _____ access to any and all information from your company pertaining to me or any of my policies.

Please forward a current status (cash values, loans, etc) and an inforce ledger on the below referenced insurance policies. The inforce ledger should run as follows:

TYPE OF INFORCE ILLUSTRATION(S) REQUESTED
(check all that apply)

- Full Pay – pay scheduled premium all years
- Limited Pay - scheduled premium payments stop when valued adequate to endow policy
- Solve for level premium to endow policy
- Please also provide a current Account Value, current Surrender Value and Beneficiary Information
- Other _____

HYPOTHETICAL INTEREST RATE

- Current & Guaranteed

HYPOTHETICAL RATE OF RETURN

(not to exceed 12%)

- 0% (required) 6%
- 8% other _____

I authorize you to forward this information via fax or email to:

NAME: _____

CONTACT INFO: _____

TO:

(current Insurance Company)

CLIENT: _____

DOB: _____

POLICY OWNER(S) SIGNATURE:

(Required – Include Capacity i.e. Trustee, POA)

POLICY NUMBER(S):

DATE:



Profit Plans, LLC | 800 Vine Street | Chattanooga, TN 37403
Phone: (800) 321-5062
Local: (423) 267-9729
Fax: (423) 267-8843
Web: www.ProfitPlansLLC.com