

IN-FORCE ILLUSTRATION REQUEST



LEVEL FOUR
Financial
A DIVISION OF
LEVEL FOUR GROUP, LLC

Date: _____

TO WHOM IT MAY CONCERN,

As the owner, I hereby authorize you to release any information requested by LFIA regarding my insurance or annuity contracts.

Product Type & Death Benefit

Owner & Contingent Owner

Beneficiary & Contingent Beneficiary

Cost Basis

Current Monthly Cost of Insurance
(if Universal Life Product)

Date of Issue

Underwriting Rating Class

Riders that are Included or Purchased

Send In-Force Illustration Under Current
Scenario. Paying Premium All Years.

- If Whole Life, use current dividend scale

- If Universal Life, use 6.5% interest rate

Insurance Carrier(s)

Additional Requests:

Owner's Signature

Today's Date

Owner's name (print)

Owner's DOB

Owner's address

Owner's SSN#

All ledgers can be faxed to **214.556.2708** or emailed to **policyaudit@levelfourinsurance.com**

12400 Coit Road, Suite 700 | Dallas, Texas 75251

toll free 800.460.5567 | fax 214.556.2708 | levelfourinsurance.com

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