

Request for Universal Life In-force Illustration

- Note:**
- An in-force illustration is not required to process a policy change.
 - Increase in face amount or additional coverage(s) should be done by your MGA office or our Regional Sales Office.

Date of Request (dd/mmm/yyyy)		Policy Number	
Name of Requestor (Advisor/MGA)	Requestor Phone Number	Requestor Email address	MGA Office

Please complete the information below where applicable:

Face amount: <input type="checkbox"/> Decrease to: \$ _____ <input type="checkbox"/> Reduced paid-up: _____
Future Planned Periodic Payment or Deposits: <input type="checkbox"/> Keep as it is: \$ _____ for _____ year(s) <input type="checkbox"/> Increase to: \$ _____ for _____ year(s) <input type="checkbox"/> Decrease to: \$ _____ for _____ year(s) <input type="checkbox"/> Minimum premium: _____ for _____ year(s) <input type="checkbox"/> Lump sum of: \$ _____ for _____ year(s) <input type="checkbox"/> Other: \$ _____
Assumed interest rate: _____ % <i>An adverse scenario of 2% below the selected interest rate will be provided.</i>
Change Cost of Insurance from YRT to Level: <input type="checkbox"/> Next policy year <input type="checkbox"/> At year _____
Change Death Benefit Option to: <input type="checkbox"/> Sum Insured plus Fund Value <input type="checkbox"/> Sum Insured <input type="checkbox"/> Remove Maximizer Option <i>Removal of Maximizer Options or a change to Sum Insured plus Fund Value might be subject to underwriting requirements.</i>

Special Instructions: Please provide any information that will enable us to illustrate the scenario required.