



In-force Illustration Request

Date_____

PLEASE FILL OUT COMPLETELY

Carrier _____

Policy Number _____

Insured _____

Policy Owner _____

Authorization Disclosure:

I hereby grant authorization to _____ and Hansen Brokerage all information pertaining to my policy information. This includes, but is not exclusive to any cash value info as well as in-force ledgers. I understand I can revoke this authorization at any extent, except to the extent it has already been relied upon. I understand that I am entitled to a copy of this authorization, and that a photo-copy or fax is as valid as the original.

The following information is requested:

- ☐ Current policy values (face amount, death benefit, cash and loan values, cost basis information)
- ☐ Beneficiary information

Type of in force illustration(s) requested:

Premium stream (please check all that apply)

- ☐ Current scheduled modal premiums
- ☐ Full pay (pay premium in all years)
- ☐ Solve for level premium to guarantee policy to age_____
- ☐ Additional Scenario _____
- ☐ Death benefit reduction to: _____
- ☐ Solve for level premium to endow policy
- ☐ No further premiums

Return illustrations via

Hansen Brokerage Services, Inc
Gerard Montigny
5380 Cascade Rd. Suite 150
Grand Rapids, MI 49546
Fax-616-940-4033
gerard@hansenbrokerage.com

Policy Owner Name (required, please print) _____

Policy Owner Signature (required) _____ Date _____
(include capacity i.e. Trustee, Corporate Office, Power of Attorney)