



# Inforce Illustration Request

Date \_\_\_\_\_

About the Insured *(required)*-

**PLEASE FILL OUT COMPLETELY TO EXPEDITE REQUEST**

Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Insured \_\_\_\_\_

Last Four of SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Type of Policy \_\_\_\_\_

Agent of Record \_\_\_\_\_

**Authorization Disclosure:**

I hereby grant authorization to \_\_\_\_\_ and SBG, Inc. 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 endow policy
- Solve for level premium to guarantee policy for life
- Additional Scenario \_\_\_\_\_
- No further premiums
- Limited pay (payments stop when adequate to endow policy)
- Change premium mode to: \_\_\_\_\_
- Death benefit reduction to: \_\_\_\_\_

**Return illustrations via:**  Fax  Email

Advisor Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Policy Owner Name** *(required, please print)* \_\_\_\_\_

**Policy Owner Signature** *(required)* \_\_\_\_\_ Date \_\_\_\_\_

*(include capacity i.e. Trustee, Corporate Office, Power of Attorney)*

**Please return to your SBG Sales Person or fax to 763-404-8368**