

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 Synchronize/Lockton Affinity 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 ☐ No further premiums
- ☐ Full pay (pay premium in all years) ☐ Limited pay (payments stop when adequate to endow policy)
- ☐ Solve for level premium to endow policy ☐ Change premium mode to: _____
- ☐ Solve for level premium to guarantee policy for life ☐ Death benefit reduction to: _____
- ☐ Additional Scenario _____

Return illustrations via: ☐ Fax ☐ Email

Advisor Name _____

Phone _____ 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 Synchronize Sales Person or fax to 763-404-8368