



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.
- In-force illustrations will usually be provided within 3 business days of the request.

Date of Request (dd/mmm/yyyy)			Policy Number		
Name of Requestor (Adv	isor/MGA)	Requestor Phone Nun	nber	Requestor Email address	MGA Office
Please complete the information below where applicable:					
Face amount: Decrease to: \$			Reduced paid-up:		
Future Planned Pe	eriodic Payment or Deposits	:			
☐ Keep as it is:	\$ fo	oryear(s)			
☐ Increase to:	\$ fo	oryear(s)			
Decrease to:	\$ fo	oryear(s)			
☐ Minimum premi	ium: fo	oryear(s)			
Lump sum of:	\$ fo	oryear(s)			
Other:	\$				
Change Death Benefit Option to: Sum Insured plus Fund Value Sum Insured Plus Fund Value Removal of Maximizer Options or a change to Sum Insured plus Fund Value might be subject to underwriting requirements. Special Instructions: Please provide any information that will enable us to illustrate the scenario required.					
Special instruction	s. Flease provide any informa	uon mat wiii enabi	e us	to illustrate the scenario require	;u.