

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/mm/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.