

## 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/mmm/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:**     Decrease to:    \$ \_\_\_\_\_     Reduced paid-up: \_\_\_\_\_

**Future Planned Periodic Payment or Deposits:**

Keep as it is:    \$ \_\_\_\_\_ for \_\_\_\_\_ year(s)

Increase to:    \$ \_\_\_\_\_ for \_\_\_\_\_ year(s)

Decrease to:    \$ \_\_\_\_\_ for \_\_\_\_\_ year(s)

Minimum premium:    \_\_\_\_\_ for \_\_\_\_\_ year(s)

Lump sum of:    \$ \_\_\_\_\_ for \_\_\_\_\_ year(s)

Other:    \$ \_\_\_\_\_

**Assumed interest rate:** \_\_\_\_\_ %  
*An adverse scenario of 2% below the selected interest rate will be provided.*

**Change Cost of Insurance from YRT to Level:**     Next policy year     At year \_\_\_\_\_

**Change Death Benefit Option to:**

Sum Insured plus Fund Value     Sum Insured     Remove Maximizer Option

*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.