

Inforce Policy Review Request

TO (CARRIER)	
INSURED (PRINT)	
DATE OF BIRTH	SOCIAL SECURITY NUMBER
POLICY NUMBER	
<p>Please provide the following information per the policy owner's request and forward by fax, e-mail or mail to:</p> <p style="text-align: center;">Insurance Designers of Dallas 9400 N. Central Expressway, Suite 608 Dallas, TX 75231 Phone 214-696-9756 • 800-344-0199 / Fax 214-368-0308 info@insdesign.com</p> <p><input type="checkbox"/> Ownership & Beneficiary of Record</p> <p><input type="checkbox"/> Outstanding Loan Amount</p> <p><input type="checkbox"/> Current Surrender Value</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Please provide an inforce illustration assuming guaranteed and current crediting rates or current dividend scale (if appropriate)</p> <p><input type="checkbox"/> Current premium schedule being paid to Age 100 (or stopping sooner if originally scheduled)</p> <p><input type="checkbox"/> The additional premium (if any) needed to maintain the coverage to Age 100</p> <p><input type="checkbox"/> How long the policy will last if premiums are stopped today</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p style="text-align: center;">Thank you for your prompt attention to this matter.</p>	
FINANCIAL ADVISOR	
INSURED/POLICY OWNER (PRINT)	
INSURED/POLICY OWNER SIGNATURE	DATE