

new west insurance

A Principal Office of Insurance Designers

Date: _____

REQUEST FOR INFORCE ILLUSTRATION

| | |
|---|----------------------|
| Insurance Company: _____ | |
| Policy Number: _____ | |
| Insured: _____ | Date of Birth: _____ |
| Insured: _____ | Date of Birth: _____ |
| _____ Policy Owner Signature (REQUIRED) | |

TYPE OF INFORCE ILLUSTRATION(S) REQUESTED

Interest Rate/Rate of Return
for Variable Contracts

Premium Stream

- Full Pay - pay all premium years GUARANTEED
- Solve for premium to endow at full face amount
- Solve for death benefit duration based upon current premium

0%
6%
8%
10%
_____% (other)

Please Fax/Email Illustrations to:

Name:

Phone:

Fax: 888-747-0974

E-mail:

Address: New West Insurance
515 North River Street, Suite D.
Hailey, Idaho 83333

Advisor Name: _____

Comments: _____

*A fax or copy may be used in place of the original request.