

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

<i>Solve Request</i>
<input type="checkbox"/> As Is
<input type="checkbox"/> Premium needed to guarantee to age 100
<input type="checkbox"/> Death benefit duration based on current premium.
Other

<i>Interest Rate/ Rate of Return for Variable Contracts</i>	
<input type="checkbox"/>	0%
<input type="checkbox"/>	6%
<input type="checkbox"/>	8%
<input type="checkbox"/>	10 %
<input type="checkbox"/>	%(other)

<i>Please Fax/Email Illustrations to:</i>
Name: _____ Fax: 888-747-0974
Phone: 208-622-5211
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.