



**Inforce Illustration Request**

**Carrier Name:** \_\_\_\_\_

**Insured:** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**Product:** \_\_\_\_\_

**To whom it may concern:**

**I hereby authorize you to release any information on the above referenced policy with your company to Level Four Insurance Services based on the parameters listed below. This includes but is not inclusive to any cash value information as well as in-force ledgers.**

**Owner's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Owner's Name (print):** \_\_\_\_\_ **Owner's SS#:** \_\_\_\_\_

**Insured's Name (print):** \_\_\_\_\_ **Insured's DOB:** \_\_\_\_\_

\_\_\_ **Current Premium outlay**

\_\_\_ **Guaranteed Death Benefit to Age 100**

\_\_\_ **No more premium payments**

\_\_\_ **Paying premiums to age** \_\_\_\_\_

**All ledgers can be faxed to 972-665-0885 or emailed to bwheeler@levelfourgroup.com.**

**Thank you in advance for your time.**

**Sincerely,**

