

Authorization to Request and Release Inforce Illustrations

By the policy owner's signature below, this authorization should be considered by the issuing insurance company sufficient to release any information to the representative / entity noted below, **even if the representative below is not the current broker of record.**

Note: Any request made in writing, by fax, telephone, or electronic communication should be honored by the issuing insurance company without delay. **A copy of this request should be considered as valid as the original.**

Insurance company name: _____

Insurance company address: _____

City, state, zip: _____

Policy number 1: _____ Product: _____

Policy number 2: _____ Product: _____

Name(s) of insured: _____

Insured #1 D.O.B. _____ Insured #2 D.O.B. _____

Name of policyowner *(If different from insured)*: _____

Resident state of policyowner: _____ SSN / Tax ID: _____

The following Inforce Illustrations are requested:

- ☐ Current Inforce Illustration reflecting current performance and premium being paid.
- ☐ Illustration paying the necessary annual premium to maturity leaving \$1,000 cash value at age 100.
- ☐ Illustration assuming no future premiums to be paid.
- ☐ Illustration for level premium to endow policy.
- ☐ Solve for level premium to guarantee the policy to age 100 or beyond.
- ☐ Additional Scenario(s) _____

My signature below authorizes your company to release the requested information / forms to:

Representative name: _____

All information regarding the policy(ies) outlined above should be directed to the AIMCOR Enterprise Insurance Group regional office listed below. **The AIMCOR regional office is authorized to act on behalf of the policyowner and representative named above to procure any and all information.**

AIMCOR EIG regional office address: _____

City, state, zip: _____ Phone: _____

Email: _____@aimcoreig.com Fax (if applicable): _____

As policy/contract owner, I authorize you to release any information to AIMCOR EIG having the business address listed above. Note: a faxed copy of this request for information should be considered as valid as the original. I respectfully request that any request for information be processed within **5 business days of receipt by the issuing insurance company**. Any questions you may have should be directed to the AIMCOR EIG Regional Office named above.

Policyowner signature: _____ Date: _____

Policyowner printed name: _____