



If you have questions filling out this request, or require assistance in getting the correct information needed to run an illustration, please call Chris Larkin at (888) 909-8471 ext. 5644.

Product:  **Protector - UL**                       **20 Pay - Whole**                       **Pay To 100 - Whole**  
 **Legacy Provider - UL**                       **Survivorship Legacy Provider - UL**  
 **Term 10**                                               **Term 20**                                               **Term 30**

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Age or DOB: \_\_\_\_\_ Sex :  **Male**                       **Female**

Rate Class \_\_\_\_\_

Preferred Plus                                       Non-Tobacco - Preferred                       Non-Tobacco  
 Tobacco - Preferred                               Tobacco  
 Other \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_ or Premium Amount (UL only): \$ \_\_\_\_\_

Optional Riders: \_\_\_\_\_

Premium Coming Over From Old Policy (if applicable): \$ \_\_\_\_\_

Premium Mode  Monthly                       Quarterly                       Semi Annually                       Annually

Number of Years To Pay Premium (UL only): \_\_\_\_\_

Please note, if you know the amount and length of time the client wants to pay the premium on the Legacy Provider UL contracts, we can solve for the death benefit that will be guaranteed to age 100 and beyond. We can also solve for the premium necessary to guarantee a known death benefit to age 100 and beyond if we are given the number of years the client wishes to pay the premium.

**Please choose the method by which you would prefer your illustration information sent to you.**

FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_  
(please list your fax number above)                                      (please list your email above)