



Policy Information & Illustration Request

Please complete all fields to ensure processing by carrier

Insurance Company:	Policy Number(s):	Date:
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Insured(s) Name:	Date of Birth:	Lasts 4 of SS#:
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Policyowner Name (if other than insured):	Last 4 of SS#:
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I hereby authorize the above referenced insurance company to release information about the referenced life insurance policy(s) and to reply immediately to any written, telephonic, or other request for information. The request details are listed below but not limited to the following:

Request for in-force illustrations

- Full Pay Illustration:**
Assumes premiums are paid forever; both current and guaranteed crediting rates
- Suspended Premium Illustration:**
Assumes premiums stop as soon as policy values are adequate to sustain policy; both current and guaranteed crediting rates
- Solve for Premium to Maturity:**
- Special Instructions:**

Request for current policy information

- | | | |
|---|---|--|
| <input type="checkbox"/> Type of Policy | <input type="checkbox"/> Cost Basis | <input type="checkbox"/> Premium & Frequency of Billing |
| <input type="checkbox"/> Current Death Benefit | <input type="checkbox"/> Copy of Annual Statement | <input type="checkbox"/> Beneficiaries |
| <input type="checkbox"/> Policy Owner | <input type="checkbox"/> Additional Riders | <input type="checkbox"/> Assignee, if any |
| <input type="checkbox"/> Current Cash Value | <input type="checkbox"/> Paid Up Additional Values | |

I understand this authorization is for the release of life insurance policy information. I agree that this authorization shall remain valid and inforce for 24 months following the date of my signature below and a copy of this authorization is as valid as the original. **All information and communications shall be directed to the party listed at the bottom of this page.** Thank you for your prompt attention to this matter.

Signature of Insured(s)	Date:	Signature of Policy Owner(s): (if other than insured)	Date:
X	/ /	X	/ /
X	/ /	X	/ /

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