

Date: _____

Carrier: _____

RE: Request for Policy Information (Term Life)

To Whom It May Concern:

As owner of the policy issued on the life of _____
_____, policy number(s) _____

we are in need of information to assess the future performance of the policy(ies) owned. By our signature below, we are authorizing your company to release in-force illustration projections to Kayla Gibson. They are conducting a comprehensive insurance assessment and review on our behalf.

The following information is needed:

- a.) A copy of the most recent annual statement, as well as current and renewal premium schedule.
- b.) Verify the death benefit, what term length the policy is for (i.e. 10-, 15-, 20-, 30-yrs) and when the policy was initially established.
- c.) A verification of the underwriting rate class.
- d.) Current Primary and Contingent beneficiary(ies).
- e.) Please detail any riders or supplemental insured(s) or benefits.

Please mail, fax or email the requested information to the aforementioned representative at:

- Address: 7910 E Thompson Peak Pkwy #101 Scottsdale AZ 85255
- Fax: 480-505-2501
- Email: marketing@bpim.com

Please note: a faxed copy of this request for information shall be deemed valid as the original. Also note, we authorize your company to release any information to the representative noted above whether the request be made in writing or via the telephone.

We ask this request to be processed within 5 business days. Should you have any questions, please direct them to Kayla Gibson @ (480) 505-2500.

Sincerely,

Policy Owner