

Request for In-force Policy Illustration

Insurance Company:

Name of Insured:

Policy Number:

Please provide the following information for the insurance policy listed above, based on guaranteed and current assumptions:

In-force illustration at current premium schedule

In-force illustration showing minimum premium to reach age 100

Please forward the requested information by mail, email, or fax to:

By mail: Demars Financial Group
104 South Freya, Suite 218
Lilac Flag Building
Liberty Lake, WA. 99202

By email: info@demarsfinancial.com

By fax: (877) 363 0813

Policy Owner Signature:

Date:

Policy Owner Street Address:

How did you hear about us?

Website _____ Email _____ Agent _____

Brochure _____ A friend _____ Other _____

Once you have completed this form, please send it to Demars Financial Group (see fax and address above) and we will submit the request to the insurance company indicated.