BROOKFIELD
PARTNERS

Date: _____

_____

_____

_____

ATTENTION: Policyholder Service Department

Name of Insured: _____

Insured's Address: _____

Policy #: _____

Please provide the following information for my above referenced policy:

___ CURRENT IN-FORCE ILLUSTRATION, (re-proposal) projecting current policy values and death benefits to endowment age assuming current outlays and your current interest/dividend rate ***(if variable life, assume % gross).***

___ CURRENT IN-FORCE ILLUSTRATION, (re-proposal) solving for premiums projecting current policy values and death benefits to endowment age assuming your current Interest/dividend rate ***(if variable life, assume % gross).***

___ CURRENT IN-FORCE ILLUSTRATION – run as follows:

___ Policy Owner
___ Current cash surrender value, including paid up additions, if any.
___ Current surrender penalty (if any), and remainder of penalty period.
___ Current loans against policy, if any. Policy cost basis information (if available).
___ Current premium status and scheduled annualized premium
___ Type of policy & date of issue. Qualified or non-qualified policy?
___ Class of risk (standard, substandard, smoker/non-smoker)
___ Riders and /or options and their cost
___Policy beneficiary or beneficiaries

Please return the above requested information directly to:

BROOKFIELD INSURANCE PARTNERS c/o Bradford J. Kadelski
Post Office Box 417
Brookfield, MA 01506
Toll Free Number and Fax: 866-639-0443 – E-Mail: info@brookfieldpartners.com

Thank you for your prompt attention to this matter.

_____ _____

Policy Owner Signature Print Policy Owner Name