TRICOR INC.
INSURANCE

Help

Life Insurance Policy Information Request

To: Ins. Co. Name & Address

From: Policy Owner Name and Address

Insurance Policy Number "s"

Attention - Policy Holder Services:

I am the owner of the policy"s" whose number is listed above and am doing a life insurance needs assessment which includs a review on my inforce policy"s". Boxes are checked below for information I'd like sent to TRICOR Insurance who is helping me with this assessment. Their contact information is below.

- ☐ Send Illustration with Policy AS IT IS that includes current as well as projected future values.
- ☐ Solve with premium sufficient to keep policy in force to maturity or age 99
- ☐ Solve by stopping premiums, "no additional payments", but leave death benefit same current.
- ☐ Solve for no additional premium payment, but reduce death benefit such that policy continues to maturity or age
- ☐ Names of Primary and contingent beneficiaries.
- ☐ Any Loan balance including current interest rate charged.
- ☐ Underwriting Classification at time of policy issue.
- ☐

Please send all information to: TRICOR Insurance via checked delivery method.

☐ Email: bfritz@tricorinsurance.com

☐ Fax Number: 608-723-6440

☐ Mailing Address / Attention

I AUTHORIZE TRICOR Insurance to obtain the above-referenced information for the purpose of a review of my existing policies. Please note that a faxed or emailed copy of this authorization shall be deemed as valid as the original, and that it includes any requests made by phone. I also ask that this request be processed within five business days.

Owner Signature

Date: