



## In-Force Illustration Request Form

Policy Number: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

**Please answer the following questions so that we can produce an accurate illustration for you.**

1. How would you like to receive your quote?

Regular Mail

Email

Fax

2. What interest rate would you like us to run your illustration at?

3. Do you plan on making future premium payments?

Yes       No

If yes, Amount \_\_\_\_\_

How Frequently?

Monthly       Quarterly

Semi-annual       Annual

What month/year will you begin making these payments? \_\_\_\_\_

4. Would you like to take a Loan?

Yes       No      If yes, Amount \_\_\_\_\_

What month/year would you like to take the loan? \_\_\_\_\_

Do you plan on making Loan Payments?

Yes       No      If yes, Amount \_\_\_\_\_

How Frequently?

- Monthly       Quarterly  
 Semi-Annual       Annual

What month/year will you begin making these payments?

5. Are you planning on making a partial withdrawal from your account value?  
 Yes       No      Amount      How Frequently?

What month/year would you like to make this partial withdrawal?

6. Are you planning on increasing or decreasing the face amount?  
 Yes       No  
Amount      New Face Amount

What month/year would you like to make this change?

If decreasing Face Amount, are you concerned about your policy becoming a MEC (Modified Endowment Contract)? If yes, we will only decrease the face amount by the maximum amount allowed on the policy to remain in compliance with IRS regulations.

- Yes       No

**Additional Comments/Instructions:**

Please fax this completed form to: (800) 578-7756

Or

Email this completed form to: [ominforceillustrationrequest@ps.net](mailto:ominforceillustrationrequest@ps.net)