

## LIFE ILLUSTRATION REQUEST FORM

| Today's Date                                                                                           |               |         | Requested By   |                    |                 |                           |
|--------------------------------------------------------------------------------------------------------|---------------|---------|----------------|--------------------|-----------------|---------------------------|
|                                                                                                        |               |         |                |                    |                 |                           |
| Agent Name                                                                                             |               |         | E-Mail Address |                    |                 |                           |
| Phone                                                                                                  |               |         | FAX            |                    |                 |                           |
|                                                                                                        |               |         |                |                    |                 |                           |
| Street Address                                                                                         | Suite         | City    |                | State              | Zip Code        |                           |
| 0 1 1 6 11 15 15                                                                                       |               |         |                |                    |                 |                           |
| Contact information if different than agent                                                            |               |         |                |                    |                 |                           |
| Type of coverage                                                                                       |               |         |                | Sta                | te              |                           |
|                                                                                                        |               |         |                |                    |                 |                           |
| Illustration notes & details                                                                           |               |         |                |                    |                 |                           |
|                                                                                                        |               |         |                |                    |                 |                           |
| Insured Name                                                                                           | Age or<br>DOB | Gender  | Smoker         | Underwriting Class | Table<br>Rating | Face Amt<br>or<br>Premium |
|                                                                                                        |               | □ M □ F | □Y □N □O       | □ SP □ PR □ ST     |                 |                           |
|                                                                                                        |               | □ M □ F | □Y □N □O       | □SP □ PR □ST       |                 |                           |
|                                                                                                        |               | □M □F   | □Y □N □O       | □ SP □ PR □ ST     |                 |                           |
|                                                                                                        |               | □M □F   | □Y □N □O       | □ SP □ PR □ ST     |                 |                           |
|                                                                                                        |               | □M □F   | □Y □N □O       | □ SP □ PR □ ST     |                 |                           |
| Y = Smoker, N = Non-smoker, O = Other Tobacco Use, SP = Super Preferred, PR = Preferred, ST = Standard |               |         |                |                    |                 |                           |
|                                                                                                        |               |         |                |                    |                 |                           |
| Date illustration is needed by                                                                         |               |         |                |                    |                 |                           |
| Preferred delivery options                                                                             |               |         |                |                    |                 |                           |
|                                                                                                        |               |         |                |                    |                 |                           |
| U.S. Mail Fax E-mail Pick-up Fed Ex Agent #                                                            |               |         |                |                    |                 |                           |
| Additional supplies needed                                                                             |               |         |                |                    |                 |                           |
| ☐ Applications ☐ Licensing Packet ☐ Other                                                              |               |         |                |                    |                 |                           |

Thanks for doing business with CPS Insurance Services!