POLICY REVIEW AUTHORIZATION

_____
Policy Insurance Company

_____ _____
Insured Full Name on Policy   Date of Birth

_____ _____
Policy Owner   Social Security # or TIN (if trust owned)

_____
Address

_____
Policy Number(s)

X_____ _____ _____
Policyowner Signature(s)   Date   Capacity (owner, POA, trustee, etc.)

To Whom It May Concern:

I hereby grant agent David L. Marks and his associates at Paradigm Insurance access to any and all information from your company pertaining to me and any of my life insurance policies.

Please forward a current status (cash values, loans, etc.) and an in-force illustration on the above referenced insurance policies. The in-force illustration should be run as follows:

❏ Current & guaranteed hypothetical interest rate
❏ Hypothetical rate of return of 0% and ❏ 6% ❏ 8% ❏ other_____% (not to exceed 10%)

Type of in-force illustration(s) requested (*Check all that apply*):

❏ Full Pay – pay scheduled premium all years
❏ Limited Pay – scheduled premium payments stop when values adequate to endow policy
❏ Solve for level premium to endow policy
❏ Please also provide current account value, surrender value and beneficiary designations
❏ Other:

_____

_____

❏ Policy is a term policy. Please provide Date of issue, Length of term, Conversion date, Coverage Amount, and all beneficiaries.
❏ Policy is a non-level term policy with increasing premiums. Please also provide schedule of premium changes.

I authorize you to forward this information via email (preferred) to David@FAIRinsurancesolutions.com or by fax (less preferred) at 303-479-7379. Questions? Please contact David L. Marks at (303) 223-2235 or the email above.