

## REQUEST FOR IN-FORCE POLICY ILLUSTRATION

\_\_\_\_\_  
Insurance Company:

\_\_\_\_\_  
Insured:

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

Please provide the following information for the insurance policy listed above based on guaranteed and current assumptions:

- In-force illustration at current premium schedule
- In-force illustration showing minimum premium to reach age 100

Please forward the requested information to:

**CEG LIFE *Insurance Services***  
603 4<sup>th</sup> Avenue, Suite 200  
Kirkland, WA 98033  
Fax: (877) 269-2157  
E-mail: [info@ceglife.com](mailto:info@ceglife.com)

\_\_\_\_\_  
Policy Owner Signature

\_\_\_\_\_  
Date

Referring Agent (if applicable) \_\_\_\_\_