

Request for Policy Information

TO: _____ Date _____
(Company Name)

(Address) RE: _____ Insured

Policy # _____

Please forward the following information on the above Policy for the items checked below: (You may use this form for your reply or a separate communication if more convenient). Preferred method of delivery would be via fax to: 952-252-4663. Thank you.

Basic Policy Information:

- 1. Kind of Policy _____
- 2. Register Date _____ Age at Issue _____
- 3. Face Amount _____
- 4. Owner of Policy _____
- 5. Beneficiary: Primary _____ Secondary _____
- 6. Policy Loan Interest Rate _____
- 7. Assignments _____

Premium Information:

- 8. Amount of Premium _____ Payable _____
- 9. Premium paid to _____

Dividend Information:

- 10. Current Dividend election _____
- 11. Amount of current year's dividend _____
- 12. Supplemental one-year Term Insurance now in force through use of Dividends _____

Other Information:

- 14. Current statement of policy values including cash value, net cash value, loan information _____
- 15. Taxable Gain and Cost Basis _____
- 16. Inforce illustration- current premium and dividend election. If variable policy, current premiums and 6% gross RR
- 17. Inforce illustration- no future premiums.
- 18. Inforce illustration- reduced paid up amount
- 19. Inforce illustration- solve for premium required to have net cash surrender value of \$1000 at policy maturity

Please send the requested information and/or necessary forms to:

Tradition Wealth Management
Attn: Rhonda Motzko
7601 France Avenue South, Suite 100
Edina MN 55435
952-563-6516 Phone
952-252-4648 Fax
Rhonda.motzko@traditionwealthmanagement.com

(Policy Owner's Signature)