INFORMATION REQUEST
INSURANCE

name of insured ____

owner (if different than above) ____

policy number ______________________ issuer ______________________

AT THE REQUEST OF OUR MUTUAL CLIENT, PLEASE PROVIDE THE FOLLOWING INFORMATION TO:

Brad Johnson brad.johnson@traditionwealth.com FAX (952) 252-4663

BASIC POLICY INFORMATION

- ☐ policy type ____
- ☐ face amount ____
- ☐ issue/register date ____
- ☐ primary beneficiary/ies ____
- ☐ contingent beneficiary/ies ____
- ☐ premium mode ______________________ premium amount ______________________
- ☐ date premium paid to ____
- ☐ policy loan interest rate ____
- ☐ assignments ____
- ☐ current dividend election *(if applicable)* ____
- ☐ cost basis and taxable gain ____
- ☐ current statement of policy values including cash value, net cash value, loan information
- ☐ other ____

IN-FORCE ILLUSTRATION INFORMATION *(IF CHECKED)*

- ☐ premium schedule
- ☐ current premium and dividend election *(if variable, current premiums and 6% gross rate of return)*
- ☐ no future premiums
- ☐ reduced paid-up amount
- ☐ solve for premium required to have net cash surrender value of $1,000 at policy maturity
- ☐ other ____

By signing below, I hereby provide my authorization for the issuer above to release the requested information to and discuss additional policy details with Tradition Wealth Management.

name ____

signature ____ date ______________________

7601 FRANCE AVENUE SOUTH, SUITE 100, EDINA, MINNESOTA 55435 | ☎ (952) 563-6500 | 🖷 (952) 563-6501