



USFL  
 PO BOX 1419  
 Charlotte NC 28201-1419  
 Phone: 800-959-3894  
 Fax: 855-784-1586

**POS Illustration Request Form**  
 (GENERAL AGENT/AGENT USE ONLY)

DATE REQUESTED: \_\_\_\_\_

FAX TO: Policy Owner Service Dept.

FAX #: 855-784-1586

TO PREVENT UNNECESSARY DELAYS, LEGIBLY COMPLETE ALL INFORMATION FIELDS BELOW,  
 PLEASE NOTE THAT ALL REQUESTS ARE PROCESSED IN DATE ORDER AND YOU SHOULD ALLOW A  
 MINIMUM OF 5 BUSINESS DAYS FOR PROCESSING YOUR REQUEST

REQUESTED BY: \_\_\_\_\_ INSURED \_\_\_\_\_ OTHER Authorization Of Policyowner is required ATTACHED \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ AGENT/GA – MUST Include GA or Agent Identification number: \_\_\_\_\_

NAME OF REQUESTOR / RELATIONSHIP TO POLICYOWNER: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: (Include city, state & zip) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PREFERRED METHOD TO RETURN REQUEST TO YOU:** \_\_\_\_\_ REGULAR MAIL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL

POLICY NUMBER: \_\_\_\_\_

INSURED: \_\_\_\_\_

PURPOSE OF THE ILLUSTRATION (Add an additional page if more space is needed):  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE THERE INTENTIONS TO SELL THIS POLICY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, TO WHOM: *Insert name of person and/or company purchasing, include address, phone number and website (if applicable)*  
 \_\_\_\_\_  
 \_\_\_\_\_

IS VERIFICATION OF COVERAGE BEING REQUESTED/ATTACHED \_\_\_\_\_ YES \_\_\_\_\_ NO  
 AUTHORIZATION ATTACHED \_\_\_\_\_ YES \_\_\_\_\_ NO  
 OTHER ATTACHMENTS \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please read the following disclaimer before completing and signing below.**

We agree that my/our signature(s) below shall apply to each request, which has been checked on this form. Notice to any person who, with intent to defraud or knowing that he is/may be facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

REQUESTOR (Print Name): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HOME OFFICE USE ONLY – DO NOT COMPLETE BELOW THIS LINE		
PLAN	DEATH BENEFIT OPTION	CLASS
EFFECTIVE DATE	DURATION/YEARS	DURATION/MONTHS
ISSUE STATE	ACCOUNT VALUE LAST MAV	
SEX                      ISSUE AGE	MODE OF PAYMENT	MODAL PREMIUM
FACE AMOUNT	RATING	RIDERS
COMPLETED BY	COMPLETION DATE	