

# Request for In-Force Illustration



## Zurich American Life Insurance Company

Administrative Office  
7045 College Boulevard  
Overland Park, KS 66211-1523

Phone: 888.634.6780  
Fax: 888.796.7545  
www.zlifeusa.com

Policy Number \_\_\_\_\_ Insured Name(s) \_\_\_\_\_

## Agent Information

Agent: \_\_\_\_\_ Agent ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please send response to: Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Coverage Changes

\*Increase Specified Amount to: \$ \_\_\_\_\_ Decrease Specified Amount to: \$ \_\_\_\_\_

Increase Premium Payments to: \$ \_\_\_\_\_ Decrease Premium Payment to: \$ \_\_\_\_\_

Change Billing Mode: \_\_\_\_\_ Death Benefits Option change from: \_\_\_\_\_ to \_\_\_\_\_

\*Class from Tobacco to Non-Tobacco: \_\_\_\_\_ \*Table Rating: \_\_\_\_\_ \*Cancel Flat Extra: \_\_\_\_\_

*\*Medical Underwriting Required*

## Singular Event

Illustrate Policy "As Is": \_\_\_\_\_

Illustrate guaranteed coverage amount for a specified number of years or age \_\_\_\_\_ and premium payments for a specified number of years or age \_\_\_\_\_.

Illustrate length of time the Specified Amount will stay in force without additional premium payments. \_\_\_\_\_

Illustrate withdrawal (partial surrender) \$ \_\_\_\_\_ Loan \$ \_\_\_\_\_

## Level Distributions

Partial Surrender (withdrawals):

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_ Amount of withdrawal \$ \_\_\_\_\_

Periodic Surrender (withdrawals) then loans: Beginning date \_\_\_\_\_

Periodic Loans: Beginning date \_\_\_\_\_

Comments:

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Please be advised that current policy values may not support your request.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_