

Life Illustration Request Form

Once completed, please send this form to Paul@TriQuestUSA.com
Please Allow 24-36 hours for illustration requests to be processed.

Agent Requesting Illustration: _____ **Date:** _____

Selection Carrier For Illustration: Allianz Columbus Life Securian/Minnesota Life

Type of Policy: IUL SIUL UL Term

Client #1 Info:

Name: _____ **State Policy Will Be Signed:** _____

Male **Female** **Client Date of Birth:** _____ (or) **Age:** _____

Preferred Plus Preferred Standard Non-Smoker Smoker Uninsurable

Client #2 Info (For SIUL):

Name: _____ **State Policy Will Be Signed:** _____

Male **Female** **Client Date of Birth:** _____ (or) **Age:** _____

Relationship To First Insured: _____

Preferred Plus Preferred Standard Non-Smoker Smoker Uninsurable

MEC? Yes No **Death Benefit Amount:** \$ _____ Minimum Maximum
(If 1035, Specify current face value)

Premium Amount: \$ _____ **Fund To Age:** _____

Frequency: Monthly Quarterly Semi-Annual Annual Lump Sum

1035 Exchange? Yes No If Yes, Amount: \$ _____

Distributions: Yes No If Yes, Amount: \$ _____ When: _____

Any Other Important Details: