

Variable Life Illustration Request Form
Target Insurance Services
Fax: (913) 384-3781

Today's Date: _____ Issue State: _____
Agent Name: _____ Agent Broker Dealer: _____
Product Type: VUL SVUL Single Premium
Phone: _____ Fax: _____ Email: _____

Client Information

Name: _____ DOB: _____ Sex: M F
Tobacco Use: Y N
Risk Class: Standard
 Preferred
 Sub-Standard Flat Extra \$_____ For _____ Years
 Rating Table _____

Second Life Information

Name: _____ DOB: _____ Sex: M F
Tobacco Use: Y N
Risk Class: Standard
 Preferred
 Sub-Standard Flat Extra \$_____ For _____ Years
 Rating Table _____

Product Information

Death Benefit: \$_____ Level Adjustable Adjustable to Level (Age to Switch____)
Riders: _____
Rate of Return: _____ Gross Net
Premium Amount: \$_____ Mo Qtrly Semi-Ann Annual
Last age make payment _____ 1035 Exchange Amount \$_____
Solve For:
 Payment: Endow at Age _____ Or Dollars \$_____ at age _____
 Years to Pay _____ Pay to age _____

Income Solve

Age benefits to begin _____ Years to receive benefits: _____ Endow: Y N

All income solve are assumed withdrawal to basis then loans