

Peak Pro Illustration Request

Include ARIA

Agent Name _____

Date Needed _____

Client Data

Insured

Joint Insured (if applicable)

Name _____

Gender M F

Age / DOB _____

Tobacco Use NT T

Underwriting Class _____

Rating / Flat Extra _____

Name _____

Gender M F

Tobacco Use NT T

Financial Information:

Total Net Worth _____

Liquid Net Worth _____

Earned Income _____

Tax Rate _____ State _____

Insurance Type: IUL WL Term Carrier/ Product _____

Illustration Objective: Max Accumulation / Income Max Death Benefit

DB Amount (if applicable) _____

Premium

Total Premium \$ _____ Divided over _____ years

OR Annual Premium \$ _____ Paid for _____ years

Tax Status of Premium (specify amounts if both)

Qualified _____ Non-Qualified _____

Death Benefit Option

Increasing Level Change Year (or optimal) _____

Distributions

Show loans to pay taxes on Qualified funds

Income / Loans begin at age / year: _____ Through age / year: _____ Amount: _____

Riders

PDA (3 - 10yr deposit) _____ years

Long Term Care Rider-Amount _____ % _____

Accelerated Benefits

Income Protection Flex Agreement % _____

Other (Specify) _____

1035 Exchange

1035 Amount _____

1035 Basis _____

1035 Loan _____

Notes _____

Email this form to: illustrations@peakprofinancial.com AND Your Sales Development Advisor