



**PRELIMINARY INQUIRY (Confidential)**

**POLICY IN-FORCE INQUIRY** - This form is to be completed when in-force illustrations are required. This page must be completed for EACH policy in-force illustration. Make additional copies as needed.

CURRENT POLICY INFORMATION				
COMPANY NAME	COVERAGE AMOUNT	ISSUE DATE	POLICY #	TYPE OF COVERAGE
NAME OF INSURED	TOTAL POLICY LOAN		SURRENDER VALUE	
CURRENT PREMIUM	PREMIUM MODE	PAID TO DATE	LAST PREMIUM PAID	
IS THE POLICYOWNER DIFFERENT FROM THE INSURED? ___ Y ___ N If yes, please complete the following:				
NAME OF POLICY OWNER (if individually owned)		NAME OF TRUSTEE(S) (if trust owned)		DATE OF TRUST
NAME OF PRESIDENT (if corporate owned)		NAME OF CORPORATE SECRETARY		SSN or TIN OF OWNER
ADDRESS		CITY	STATE	ZIP
POLICY INFORMATION AUTHORIZATION				

I authorize and instruct \_\_\_\_\_ (insurance company) to release all information about policy \_\_\_\_\_ directly to Texas Advantage Insurance Brokerage and/or its authorized representatives. This authorization includes, but is not limited to, the release of the following to Texas Advantage Insurance Brokerage upon its request:

- A complete copy of the life insurance policy, including the application for insurance (and also including the master policy and employee certificate for group policies)
- All forms requested by Texas Advantage Insurance Brokerage, its affiliates, and/or the lifetime settlement company, including change of ownership forms, change of beneficiary forms and collateral and absolute assignment forms
- A fully-completed Verification of Coverage form
- Policy illustrations
- A copy of the Annual Statements
- Premium information

I further instruct my life insurance company listed above to not disclose my request for this information to any agent or other person or entity without my prior approval.

I agree that a photographic copy or facsimile of this Authorization shall remain valid for four years, absent any provision of any applicable state of statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted thereunder.

\_\_\_\_\_  
Name of Owner SSN / Tax ID Number

\_\_\_\_\_  
Name of Second Owner SSN / Tax ID Number

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Second Owner Date

\_\_\_\_\_  
Name of Witness Signature of Witness

\_\_\_\_\_  
Name of Witness Signature of Witness