LIFE ILLUSTRATION ACKNOWLEDGMENT
Check the applicable box below.
This form must be signed, dated and submitted with the application.

☐ I have applied for an illustratable life insurance policy, but the Agent has not provided an illustration. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

☐ I have been presented with an illustration for a life insurance policy, but have applied for coverage other than as illustrated. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

☐ I have been presented with a computer displayed illustration for a life insurance policy that complies with state requirements, but the Agent has not provided a printed illustration. The illustration was based on the following personal policy information:

1. Gender Male_________________ Female _________________
2. Age ________________________________________________
3. Underwriting or Rating Class ________________________________________________
4. Type of Policy ________________________________________________
5. Type of Rider(s) ________________________________________________
6. Initial Death Benefit $_______________________________________________
7. Interest Rates Guaranteed_______ Non-Guaranteed_______
8. Number of Years Illustrated ________________________________________________
9. Premium Amount $__________ No.of Years _______

The agent has displayed a computer screen illustration for the applicant that complies with state requirements and for which no printed illustration was provided to the applicant. The illustration was based on the above personal and policy information.

An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Agent Signature ___________________________________________ Applicant Signature ___________________________________________

Agent Name (typed or printed)________________________________ Applicant Name (typed or printed)____________________________

Date

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