



Rose Street Advisors

BENEFITS • HR CONSULTING • INVESTMENTS • LIFE INSURANCE • RETIREMENT

Comprehensive Policy Review Request Form

Policy Review:

The undersigned trustee has retained Rose Street Advisors, LLC to conduct a comprehensive review of the below referenced policy:

Carrier Name: _____ Policy Number: _____

Carrier Phone: _____ Trustee/Owner Name: _____

Carrier Address: _____ Address: _____

Insured(s): _____ Trust Name: _____

_____ Taxpayer ID of Trust: _____

Insured(1) Date of Birth: _____ Social Security of Insured(1): _____

Insured(2) Date of Birth: _____ Social Security of Insured(2): _____

Authorization to Release Policy Information:

The undersigned trustee/owner authorizes the above referenced insurance carrier to release any and all policy information including but not limited to: policy values (face amount, death benefit, cash values, loan values, etc.), premium amount/mode/paid to date/total premiums paid, beneficiaries/assignments, premium schedule, conversion details (deadline to exercise, etc., if term), recent annual statement, "as sold" illustration, inforce ledgers (assuming current crediting rate and/or dividend scale and/or 6% ROR if variable), and inforce ledgers for planned premium, zero premium, and premium solve to maturity if needed to Rose Street Advisors, LLC ph: 269.552.3200 fax: 269.343.3533

Trustee/Owner Signature

Date

The authorization will expire 3 years from the date of this letter and can be used repeatedly during that time to request any information noted above.

Your guide from hire to retire.

