



# 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: _____	Trustee/Owner Name: _____
Policy Number: _____	Trust Name: _____
Insured(s): _____	Address: _____
_____	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...*

