

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
TYPE OF PLAN		TOTAL POLICY LOAN			SURRENDER VALUE
CURRENT PREMIUM	PREMIUM MODE		PAID TO DATE	LAST PREMIUM PAID	
IS THE POLICY OWNER DIFFERENT FROM THE INSURED? Y N IF YES, PLEASE COMPLETE THE FOLLOWING:					
NAME OF POLICY OWNER <i>(if individually owned)</i>		NAME OF TRUSTEES(S) <i>(if trust owned)</i>		DATE OF TRUST	
NAME OF PRESIDENT <i>(if corporate owned)</i>		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 BDLife212, LLC and/or its authorized representatives. This authorization includes, but is not limited to the release of the following to BDLife212, LLC upon 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 BDLife212, LLC 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 photo graphic 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 Tax I.D. Number

Name of Second Owner Tax I.D. Number

Signature of Owner Date

Signature of Second Owner Date

Name of Witness Signature of Witness

Name of Witness Signature of Witness



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