

IN-FORCE LEDGER AUTHORIZATION



To: _____

Re: Insured (s): _____ Policy # (s): _____

I hereby authorize Capital Wealth Advisors and any agent of Capital Wealth Advisors to request information regarding my insurance policies. This includes, but is not limited to, any cash value information as well as in-force ledgers. **A photocopy of this authorization shall be as valid as the original.**

Please fax the requested information to Capital Wealth Advisors at (888) 328-1110. Please call Capital Wealth Advisors with all questions regarding this request at (239) 434-7434. If the requested information must be mailed, please use the address at the bottom of the page.

Sincerely,

Signature (Policy Owner / Trustee)

Date

Printed Name (Policy Owner / Trustee)

SSN / TIN

INTERNAL USE ONLY

I am requesting the following policy information:

- | | | |
|---|--|---|
| <input type="checkbox"/> Policy Date | <input type="checkbox"/> Current Death Benefit | <input type="checkbox"/> Cost Basis |
| <input type="checkbox"/> Current Premium & Mode | <input type="checkbox"/> Outstanding Loan | <input type="checkbox"/> Cash Surrender Value |
| <input type="checkbox"/> Accumulation Value | <input type="checkbox"/> Taxable Gains, if any, if policy is surrendered | |

In-Force Ledger:

- Current policy values and projections
- Current policy values and projections assuming _____% annual crediting / gross return
- No further premium payments, how long will policy remain in force
- Lower premium to \$_____, how long will policy remain in force
- Additional illustration showing \$0 cash value at age 100
- Increase premium to have policy endow at maturity if lapsing under current projections
- Show a _____ year vanish to have policy endow or have \$ _____ cash value at maturity
- Change dividend option to reduce premium excess PUA
- Show earliest possible premium vanish to have policy endow
- Other: _____