

Illustration Request Form

New York Regulation 187 Required Information



Client Name _____

DOB/Age _____ **Gender** _____

Underwriting Class Assumption _____

State of Sale _____

Death Benefit _____

Product Type Term Policy duration _____

Permanent Please advise policy goals _____

No-Lapse Guarantee Duration _____

(if applicable – to age 100, to age 121, etc)

Cash Accumulation _____

(if applicable – cash value or income goals)

Premium Schedule _____

(1 year, 20 years, all years)

Premium Mode _____

(annual, monthly, etc)

Client's Risk Tolerance _____

(conservative, moderately conservative, moderate, moderately aggressive, aggressive, client did not provide)

Carrier Selection Driver _____

(i.e. cost, client favorable loads, carrier strength, reduced uw, rider availability, conversion privileges etc)

Additional Information _____

Submit this completed form via email to your Crump / Allstate Sales Team

HBGSalesSupport@Crump.com



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