



ILLUSTRATION CERTIFICATION AND ACKNOWLEDGEMENT

(NAME OF INSURANCE COMPANY MUST BE INSERTED BEFORE THIS FORM IS USED)

1. PROPOSED INSURED		2. APPLICANT (If different from Proposed Insured)	
Name of Proposed Insured (Please Print)		Name of Applicant (Please Print)	
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Social Security # / Gov't ID		Case ID	
Date of Birth (mm/dd/yyyy)		Policy #	
3. PRIMARY PRODUCER (Please Print)			
First Name:		Producer Number:	
Middle Name:		BGA Name (If Applicable)	
Last Name:			
4. COMPUTER ILLUSTRATION DATA - Complete this section if a computer screen illustration is shown.			
Gender:		Initial Death Benefit:	
Illustrated Age:		Premium Amount Illustrated:	
Date of Birth (mm/dd/yyyy):		Premium Mode:	
Underwriting / Rate / Risk Class:		Number of Policy Years Illustrated:	
Type of Policy:		Number of Years Out-of-Pocket Premium Illustrated:	
Product Name:		Guaranteed Interest Rate: %	
Type of Rider(s):		Non-Guaranteed Illustrated Interest Rate: %	
Rider Name(s):		Dividend Option (If Applicable):	
(Only Required in South Dakota)			
Contract Form Number:			

I, the Applicant, hereby acknowledge that (check only one):

- No policy illustration was provided to me and I understand that a policy illustration conforming to the policy as issued will be provided no later than the time the policy is delivered.
- The policy applied for is different than the policy illustration shown to me, and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered.
- I viewed a complete computer screen illustration which was based on the personal and policy information shown on this form and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered. No hard copy of the illustration was furnished.

For New Jersey and Washington applicants, an illustration conforming to the policy as displayed on the computer screen will also be provided at policy delivery.

For Pennsylvania applicants (if a computer screen illustration was shown): As applicant I acknowledge that an illustration matching the computer screen illustration will be provided to me no later than the time the application is submitted to the insurer's home office.

A signed copy must be provided to the Applicant and Company.

Signature of Applicant

Date

I, the Producer, hereby certify that (check only one):

- No illustration was used in the sale of the life insurance applied for.
- The life insurance applied for is other than as shown in the policy illustration.
- I displayed a complete computer screen illustration to the applicant that was based on the personal and policy information shown on this form. I further certify that the policy illustration complies with applicable state requirements and that no hard copy was furnished.

A signed copy must be provided to the Applicant and Company.

Producer Signature

Date
