

Anthony Steuer Insurance Services

Life and Disability Insurance Analyst

Life Insurance Policy Evaluation Report Request Form:

1) Please provide the following information (for person requesting report):

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Daytime Phone Number: _____

Policy Information (if multiple policies, please use a separate sheet):

Insurance company name: _____

Policy Number: _____ Type of Policy: _____

Insured's First Name: _____ Last Name: _____

Sex: _____ Date of Birth: _____

Policy owner's full name (or name of trust): _____

For Comprehensive Service only: Total Estimated Income Tax Bracket: _____%

2) Send copies of the following items:

- Policy Data Pages
- Current In-force Illustration(s)- use sample letter on this site
- Original Illustration (If Available)
- Most Recent Annual Statement

3) Check payable to "Anthony Steuer" (\$149 for Basic Evaluation or \$449 for Comprehensive Evaluation)

4) Mail to address below.

Please Note:

Submitted materials will not be returned, please retain originals for your records.

You will be notified by email upon receipt. Once your materials are received they will be reviewed and a report will be generated and delivered to you by email in PDF format in approximately 10 business days

Additional information and Comments (please attach extra page(s) if needed):

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