

MetLife External Term Conversion Illustration Request Form

Client Information:

Name_____ DOB____-____-_____

Male___ Female___ State of Residence_____

Current Term Policy Information:

Carrier Name_____

Product_____

Date Issued____-____-_____ Face Amount_____

Rating Received_____

Policy Number_____ Term Length____ Years

New Universal Life Policy Information:

Type of Universal Life:

MetLife Guarantee Advantage UL___

Pay to Age____ Guarantee to Age____

MetLife Universal Advantage Current Assumption UL___

Premium Solve:

Target____ Level Solve____

Cash Value Solve Goal_____

Cash Value Solve Age____

Please fax completed form to Greg Leahey of Koresko Financial at 610-992-1091.



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Fax 610-992-1091