

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 752 (2004/01)	Illustration Certification and Acknowledgement	ACORD 752 is a standard Illustration Certification and Acknowledgement form. This form is signed by the insured or applicant and the producer, when a paper illustration is not produced. It also covers the situation when a computer screen illustration is shown. Not all features and benefits offered on this application are available with each carrier's life insurance plans. Be sure to contact your agent or the underwriting carrier to verify the specific benefits available in the plan for which the proposed insured is applying.
IDENTIFICATION SECTION	Name and Address of Insurance Company	Name of Insurance Company must be inserted before this form is used. Use the actual name of the company. Do not use group names.
PROPOSED INSURED	First Name	First name of the proposed insured.
PROPOSED INSURED	Middle Name	Middle name of the proposed insured.
PROPOSED INSURED	Last Name	Last name of the proposed insured.
PROPOSED INSURED	Soc. Sec. # or Government ID #	Social Security Number or Government Identification Number of Proposed Insured.
PROPOSED INSURED	Date of Birth	Indicate the date of birth of proposed insured in MM/DD/YYYY format.
APPLICANT	First Name	First name of the applicant, if other than Proposed Insured.
APPLICANT	Middle Name	Middle name of the applicant, if other than Proposed Insured.
APPLICANT	Last Name	Last name of the applicant, if other than Proposed Insured.
APPLICANT	Case ID	Insert the identification number that identifies the case in the agency system.
APPLICANT	Policy #	Number exactly as it appears on the policy, including prefix and suffix symbols.
PRIMARY PRODUCER	First Name	First name of the primary producer.
PRIMARY PRODUCER	Middle Name	Middle name of the primary producer.
PRIMARY PRODUCER	Last Name	Last name of the primary producer.
PRIMARY PRODUCER	Producer Number	Producer # as assigned by the Insurance Company.
PRIMARY PRODUCER	BGA Name (If Applicable)	The name of the Brokerage General Agency or Brokerage General Agent.
COMPUTER ILLUSTRATION DATA	Gender	Male, Female or Unisex.
COMPUTER ILLUSTRATION DATA	Illustrated Age	The person's "insurance age" as the coverage was issued.
COMPUTER ILLUSTRATION DATA	Date of Birth	The actual date of birth of the Proposed Insured.
COMPUTER ILLUSTRATION DATA	Underwriting/ Rate / Risk Class	Underwriting class assumed for the purpose of this illustration. (Both medical and non-medical risks)
COMPUTER ILLUSTRATION DATA	Type of Policy	Term, Whole Life, Universal Life, Variable Life

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COMPUTER ILLUSTRATION DATA	Product Name	The Insurance Company specific name for the product illustrated.
COMPUTER ILLUSTRATION DATA	Type of Rider(s)	Additional coverages/benefits as requested, if available, for the product illustrated.
COMPUTER ILLUSTRATION DATA	Rider Name(s)	The Insurance Company specific name for the rider illustrated.
COMPUTER ILLUSTRATION DATA	Initial Death Benefit	Initial insurance amount.
COMPUTER ILLUSTRATION DATA	Premium Amount Illustrated	The dollar amount illustrated.
COMPUTER ILLUSTRATION DATA	Premium Mode	Mode of premium such as: Annual, Semi Annual, Monthly, Single, Other
COMPUTER ILLUSTRATION DATA	Number of Policy Years Illustrated	Number of policy years for the product illustrated.
COMPUTER ILLUSTRATION DATA	Number of Years Out-of-Pocket Premium Illustrated	Number of policy years for the product illustrated.
COMPUTER ILLUSTRATION DATA	Guaranteed Interest Rate	Guaranteed interest rate for guaranteed period.
COMPUTER ILLUSTRATION DATA	Dividend Option (If Applicable)	Dividend Type
APPLICANT STATEMENT		Check the appropriate box to indicate
APPLICANT STATEMENT	Signature of Applicant	Applicant must sign the form.
APPLICANT STATEMENT	Date	Date applicant signed the form.
PRODUCER STATEMENT		Check the appropriate box to indicate

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PRODUCER STATEMENT	Signature of Producer	Producer must sign the form.
PRODUCER STATEMENT	Date	Date producer signed the form.