

AUTHORIZATION TO RELEASE INFORMATION

INSTRUCTIONS

- Use this form to designate 1 or 2 authorized individuals to obtain information about your policy/contract(s).
- This authorization allows for the release of information ONLY. It does NOT allow the authorized person to make changes to the policy/contract(s) listed on this release form.
- You can also call the administrative phone number listed above to make this request.
- Attached documentation must be signed and dated by the owner(s).
- This authorization is valid until revoked by the owner(s). The owner(s) reserves the right to revoke this authorization at any time for any reason by calling us at the number listed above or by submitting a written request.
- When contacting our office, the authorized party will need to verify the last four digits of the OWNER'S or JOINT OWNER'S Social Security Number, the OWNER'S or JOINT OWNER'S date of birth and the OWNER'S or JOINT OWNER'S password (if applicable) when requesting information.

Section A: Owner Information

Policy Number: _____ Owner Name: _____

If Trust, list Trust Name and Trust Date: _____

Mailing Address (City, State, Zip): _____

Street Address (Required if mailing address is PO Box): _____

Address Change requested (Confirmation of this change will be sent to you, prior to processing this request.)

Owner SSN (Last four digits): _____ Owner DOB: _____ Owner Email Address: _____

Joint Owner SSN (Last four): _____ Joint Owner DOB: _____ Joint Owner Email Address: _____

Personal Phone: _____ Business Phone: _____ Other Phone: _____

Section B: Authorized Parties

Authorized Party #1 Full Name*: _____

Mailing Address (City, State, Zip)*: _____

Street Address (Required if mailing address is PO Box): _____

Personal Phone: _____ Business Phone: _____ Email Address: _____

Authorized Party #2 Full Name*: _____

Mailing Address (City, State, Zip)*: _____

Street Address (Required if mailing address is PO Box): _____

Personal Phone: _____ Business Phone: _____ Email Address: _____

Check if you have attached additional sheets for more than two authorized parties.

* Required

Section C: Limitations

Please list any information you would not like to be released to the authorized party(ies):

Section D: Signatures

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the Company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation.

By signing below, I authorize the named person/people to receive information on the referenced policy/contracts.

Owner Signature

Printed Name/Title

Date Signed

Joint Owner Signature*

Printed Name/Title

Date Signed

Other Required Signature**

Printed Name/Title

Date Signed

*Signature of Joint Owner (if any) is required, if not spouse of Owner.

Other required signatures may include: **spouse - required if you currently live in or previously lived in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI), **irrevocable beneficiary** (must sign with title), or **collateral assignee** (if contract is collaterally assigned Conservator, Guardian, Power of Attorney, Assignee).