



**Inforce Policy:
Authorization for Release of Policy Information**

Policy Information

Insurance Carrier:

Policy Number:

Insured Information

First Name:

Last Name:

DOB:

SS#:

Owner Information

Name:

Tax ID/SS #:

Street Address:

City:

State:

Zip:

Release Information To (Authorized Third Party):

Company:

Name:

Phone:

Street Address:

City:

State:

Zip:

Owner Statement:

I hereby authorize the Insurance Carrier to release all information directly to the Authorized Third Party by phone, fax, e-mail, or mail the following: a copy(ies) of the Policy, Policy Certificates, Annual Statements, Inforce Illustrations, Verbal Information, Verifications of Coverage, Account Values, Policy Information, Carrier Forms, Rider or Amendment Details, or any other policy information. I respectfully request that you reply immediately to any request for information or letters required by the Authorized Third Party, or its agents/employees pertaining to this policy or contract information.

I agree that this authorization is valid for twelve (12) months from the date thereof, and that a photocopy or facsimile is as valid as an original.

Signature of Owner:

Print Name of Owner:

Date:

City:

State:

Witness Signature: