

AUTHORIZATION TO RELEASE POLICY INFORMATION

I, _____ hereby authorize _____ the
(Name of Policyowner) (Name of Insurance Company)
issuer of insurance policy number(s) _____ insuring the life/lives of:
_____ Policy Number(s)
_____ to **release directly via mail or fax** any and all information to:
_____ [Name of Insured(s)]
_____ or it's authorized Representative(s).

Fax #: _____

The information which may be disclosed may include, but is not limited to, the following:

- Copy of the policy, including the application therefore.
- Any and all forms promulgated with respect to the Policy and rights of the insured and/or owner, including forms relating to beneficiary, absolute or collateral assignment, change of ownership, premium payments, loans, withdrawals, payment provisions and/or conversion options.
- In-Force illustrations of the policy including projections of values into the future.
- All other requested information related to my life insurance policy.

This authorization is valid for twenty-four (24) months from the date signed and a photocopy or facsimile of this release shall be as valid as the original.

Date

Owner's Signature

Owner's Printed Name

Co-Owner's Signature (If Applicable)

Co-Owner's Printed Name (If Applicable)

(State of _____)
(County of _____)

Subscribed, Sworn to and Acknowledged before me this _____ day of _____, 20__ by

Policyowner's Name

Co-Policyowner's Name (if applicable)

Notary Public

My Commission Expires

In lieu of a notary public signature, two witness signatures are acceptable.

Witness Signature

Witness Signature

Print Witness Name

Print Witness Name