

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

Please submit one (1) per Carrier, per policy Owner.

Policy Owner Name: _____

Social Security or Tax ID # _____

I hereby authorize _____, <Enter Your GA> _____, and its staff, to obtain and/or request information regarding my existing life insurance policy(s) listed below. This information shall include but not be limited to; in force ledgers, policy dates, cash value information, interest/dividend history, and underwriting classifications.

Insurance Carrier	Policy Number	Issue Date	Insured	Date of Birth

The information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of <Enter Your GA> affiliated insurance companies and their reinsurers.

The records may be transmitted via U.S. regular mail, various overnight mail services and/or through the use of secured electronic devices.

This authorization shall be valid for six (6) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization.

I understand that I may revoke this authorization at any time and that the revocation will take effect when my Representative receives my written request.

Signed on the ____ day of _____, the year _____ at _____
(city and state)

Owner Signature: _____

Agent/Representative Signature: _____