Owner

Owner Address

Owner Address

Date

Attn: Policy Owner Service

Re: **Authorization for Disclosure of Information**

Carrier Name

Carrier Address

Carrier Address

Owner: Owner Name

Policy Number(s):

Insured(s):

To Whom It May Concern:

I (the undersigned) as owner authorize the Company to disclose to my Representative any and all information relating to the life insurance policies identified above.

Representative Name:

Address:

Email:

Phone Number:

The information released can include but is not limited to policy information, premium history inforce ledgers, underwriting and rate class information, account and cash values, beneficiary designations and loan history.

I also authorize my Representative to communicate directly with the Company’s policy owner’s service department via the telephone, US Postal Service, online website, or other means of communication.

I understand that I may revoke this Authorization at any time, except to the extent the Company has already taken action in reliance on it. Unless I revoke this Authorization sooner, it shall remain valid indefinitely.

A photocopy or digital copy of this Authorization shall be considered as valid as the original.

Sincerely,

Owner Name