

# Authorization for Disclosure of Information – Life Insurance Policies

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**General Information** (Please type or print clearly.) **All sections must be completed.**

Policy Number: \_\_\_\_\_ Issuing Insurance Company: \_\_\_\_\_  
Additional Policy Numbers: \_\_\_\_\_

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**Insured Information**

Full Legal Name (*First, Middle, Last*): \_\_\_\_\_  
Insured's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_

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**Owner Information** (If different from insured)

Full Legal Name (*First, Middle, Last or Trust/Corporation Name*): \_\_\_\_\_  
Owner's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number / EIN: \_\_\_\_\_ Date of Birth / Trust: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_

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**Representative Information**

1. I (the undersigned) am the owner of the life insurance policy identified above. By this form, I am authorizing you to share information on the above-referenced policy with the authorized representative/s listed below. This form grants the authorized representative/s the authority to obtain and/or request information regarding my existing life insurance. Such information includes, but is not limited to:

- Personal information: including, but not limited to, names, addresses, Social Security numbers, financial and employment history.
- Information about transactions with the company: such as products purchased, account balances, payment history, policy changes, beneficiary designations, loan history.
- Information collected from consumer reporting agencies: such as credit history, credit scores, driving or employment records.
- Policy Information: Policy values (Face Amount, Death Benefit, Cash Values, Loan Values), inforce illustrations, current policy summaries, historical statements.

Name of Authorized Representative/s (*First, Middle, Last*): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Authorizations and Signatures**

I certify that the information provided on this form is complete and correct.

\_\_\_\_\_  
Owner/Trustee Signature Date

\_\_\_\_\_  
Joint Owner/Trustee Signature Date

\_\_\_\_\_  
Owner/Trustee Printed Name

\_\_\_\_\_  
Joint Owner/Trustee Printed Name

\_\_\_\_\_  
Authorized Representative Signature Date

\_\_\_\_\_  
Printed Name