

Policy Review Authorization

Date: _____

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

RE: Policy# _____

Insured: _____

Insured Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ Date of Birth: _____

Policy Owner: _____

To Whom It May Concern:

I hereby authorization you to release any information on the above captioned policy with your company to _____. This includes, but is not exclusive to, any cash value information as well as in-force ledgers. **A photocopy or faxed copy of this authorization shall be as valid as the original.**

Thank you for you attention to this request.

X _____

Signature of Insured

Date

Print Name of Insured

X _____

Signature of Policy Owner

Date

Print Name of Policy Owner