Request to Release Information to a Non-Owner

The purpose of this form is to provide permanent authorization to an individual, or individuals, to obtain policy/contract information.

Section 1 - Policy/Contract Information (All fields must be completed) - Only one policy per form, please submit a separate form for each policy.

Owner's Name

Policy/Contract Number

Owner's Birth Date (MM/DD/YYYY)

Owner's SSN/TIN

Joint Owner's Name

Joint Owner's SSN/TIN

Owner's Phone Number***

Insured's or Annuitant's Name

☐ ***Please check this box if you would like us to update your phone number on system with this information if it is not currently listed.

Section 2 - Releasing Information - If there are more than five authorized individuals, please use a separate sheet of paper to list the printed names and signatures and attach to this form. If the owner of the policy/contract is not an individual, please ensure the list is put on letterhead for the owner.

Check all that apply*

☐ Any authorized individual, when calling by phone, is permitted to receive my policy information verbally.

☐ Any authorized individual, when calling by phone, is permitted to receive my policy information in written form.

☐ Any authorized individual, when submitting a written request, is permitted to receive my policy information.**

*   **This authorization can only be rescinded by the owner in writing.**

** **Please ensure that all authorized individuals sign on the appropriate signature in Section 3 of the form, or next to their printed name on an attached sheet.**

Section 3 - Signatures - If the owner of a policy/contract is not an individual, please ensure that the signor notes their title after their signature.		
I understand that when calling in, the individual(s) that I have authorized may need to provide certain personal information of mine, such as the last four digits of my Social Security number, or Federal Tax Identification number in order to be verified.		

SIGN HERE

X

Signature of Policy/Contract Owner		Date
Printed name	Signature of person being authorized	Date
Printed name	Signature of person being authorized	Date
Printed name	Signature of person being authorized	Date
Printed name	Signature of person being authorized	Date
Printed name	Signature of person being authorized	Date