
POLICY INFORMATION

Policy Number _____ Insured Name _____

Policy Owner Name _____ Issuing Company ("the Company") _____

AUTHORIZATION

As owner of the above policy, I authorize the Company to release any and all policy information which may include, but is not limited to, the following information and documents:

1. A copy of the policy, including original application and attached riders
2. Any forms related to the Policy and the rights of the insured and/or owner
3. Current illustrations as may be requested
4. Any other information related to my policy

A photocopy of this authorization shall be as valid as the original. This authorization shall remain valid for the life of the undersigned (or the last to survive), absent any provision of any applicable State Statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted by law. I also understand that I may withdraw this consent pursuant to any applicable state statute or regulation.

AUTHORIZED PARTY(IES)

As owner of the above policy, I authorize the Company to release the above stated information to the following third parties:

Third Party Name AdvisorServe Third Party Birth Date 27-3508576

Third Party Name _____ Third Party Birth Date _____

Third Party Name _____ Third Party Birth Date _____

If the Third party is a company or organization please provide the Tax identification number (TIN)

SIGNATURES

Policy Owner Signature _____ Date _____

Policy Owner Title _____

Policy Owner Signature _____ Date _____

Third Party Signature _____ Date _____