Authorization to Release Policy Information

By the policyowner signature below, this authorization should be considered by the issuing insurance company sufficient to release any information to the representative / entity noted below <u>even if the representative below is not the current agent of record</u>. Note: any request made in writing, by fax, telephone or electronic communication should be honored by the issuing insurance company without delay. A copy of this request should be considered as valid as the original.

Insurance Company Name: _____

Insurance Company Address: _____

_____

Policy Number: _____ Product: _____

Name(s) of Insured: _____

Name of Policyowner *(if different from insured)*: _____

Request for Current Policy Information

- ☐ Current annual statement
- ☐ Current beneficiary designation
- ☐ Last premium paid (amount)
- ☐ Conversion Details
- ☐ Issued Underwriting Class
- ☐ Current premium mode
- ☐ Accumulation value
- ☐ Net surrender value
- ☐ Net death benefit
- ☐ Loan balance
- ☐ Loan interest rate
- ☐ Crediting method
- ☐ Asset allocation (for variable policies)
- ☐ Index allocation (if applicable)
- ☐ Current interest rate
- ☐ Policy fees, loads and charges
- ☐ Additional rider(s), description & charges
- ☐ Other _____

Request for Service Forms:

- ☐ Ownership change
- ☐ Beneficiary change
- ☐ Change of address / phone number
- ☐ Premium billing change
- ☐ Allocation change
- ☐ Certificate of lost policy
- ☐ Withdrawal or partial surrender
- ☐ Full surrender for net cash value
- ☐ Loan request
- ☐ Agent of record change
- ☐ Other _____

Additional Information Requested:

_____

_____

_____

_____

My signature below authorizes your company to release the requested information / forms to:

Representative Name: _____

All information regarding the policy(ies) outlined above should be directed to the AIMCOR Enterprise Insurance Group Regional Office listed below. The AIMCOR Regional Office is authorized to act on behalf of the policyowner and representative named in this authorization to procure any and all information.

Entity Address: _____

Entity Phone: _____ Entity Fax: _____

As policy/contract owner, I authorize you to release any information to AIMCOR Enterprise Insurance Group having the business address listed above. Note that a faxed copy of this request for information should be considered as valid as the original. I respectfully request that any request for information be processed within 5 business days of receipt by the issuing insurance company. Any questions you may have should be directed to the AIMCOR Enterprise Insurance Group Regional Office named above.

Policyowner Signature: _____ Date: _____

Policyowner Printed Name: _____