

# LIFE INSURANCE

## Policy Information Release Authorization

To Whom It May Concern:

I have a life insurance policy with your company.

My policy number is: \_\_\_\_\_.

I am updating my records and am asking for assistance from the insurance professional noted below. Please provide them with any and all information regarding my policy. This release is for information only and does not authorize said insurance professional to change anything about this policy.

Thank you in advance for your cooperation and prompt attention to this matter.

Sincerely,

\_\_\_\_\_  
*Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Address*

(\_\_\_\_) \_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Insurance Professional's Name*

\_\_\_\_\_  
*Address*

(\_\_\_\_) \_\_\_\_\_  
*Phone*

(\_\_\_\_) \_\_\_\_\_  
*Fax*