

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

Policy Owner Name: _____
 Social Security or Tax ID #: _____

Insurance Carrier	Policy Number	Issue Date	Insured	Date of Birth

I hereby authorize _____, Global Insurance Solutions Group, and its staff, to obtain and/or request information regarding my existing life insurance policy(s) listed below. This information shall include but not be limited to; in force ledgers, policy dates, cash value information, interest/dividend history, and underwriting classifications.

The information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of Global Insurance Solutions Group affiliated insurance companies and their reinsurers.

The requested information may be transmitted via Fax: 888-831-5954, Secure email Casemanager@globalisg.net or, various overnight mail services.

This authorization shall be valid for six (6) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization.

I understand that I may revoke this authorization at any time and that the revocation will take effect when my Representative receives my written request.

Owner Signature: _____

Agent/Representative Signature: _____

Signature Date: _____

City and State of Signature: _____