

POLICY RELEASE

AUTHORIZATION FOR RELEASE OF POLICY INFORMATION

I, _____, hereby authorize, _____
Name of Policy Owner Name of Insurance Company

the issuer of insurance policy number(s) _____

insuring the life/lives of _____ and _____

to release any and all policy information to Tempewick Wealth Management, its successors,
assigns and authorized representatives. This information may include, but is not limited to, the
following information and documents:

- a. A copy of the policy, including original application and attached riders
- b. Any forms related to the Policy and the rights of the insured and/or owner, including beneficiary designations, assignments, change of ownership, premium payments, policy loans and withdrawals, payment provisions and/or conversion.
- c. Current illustrations as may be required
- d. 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.

Name of Policy Owner Signature Date

Name of Policy Owner (2) Signature Date

Name of Witness (if applicable) Signature Date