

Authorization for Release of Inforce Policy Information Life Policies

Please submit one (1) per Insurance Carrier, per policy owner



Policy Owner Name: _____

Social Security/Tax ID Number: _____

I hereby authorize Element Insurance Partners and its staff, to obtain and/or request information regarding my existing life insurance policy(s) listed below. The information shall include but not be limited to:

- **Inforce ledgers**
 - Please provide an inforce illustration based on paying the scheduled premium through age 100.
 - If the scheduled premium is not sufficient for the contract to stay inforce to age 100, please provide an inforce illustration solving for a level premium through age 100.
- **Current death benefit, gross cash value and net cash surrender value**
- **Date of initial loan, policy loan value and loan interest (if applicable)**
- **Policy date and underwriting classification**
- **Cost basis, premium and mode**

Insured	Date of Birth	Insurance Carrier	Policy Number	Policy Date

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 Element Insurance Partners, affiliated insurance companies and their reinsurers.

The records may be transmitted via electronic devices, U.S. regular mail, and/or various overnight mail services.

This authorization shall be valid for one year from the date below. A copy of this authorization shall be valid as the original. I understand that I am entitled to receive a copy of this authorization.

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

Signed on the ____ day of _____, the year _____ at _____
(city and state)

Owner Signature: _____ Owner (Printed Name): _____

Agent/Representative Signature: _____