

Authorization to Release Policy Information

By the policy owner's signature below, this authorization should be considered by the issuing insurance company sufficient to release any information to the representative / entity noted below, **even if the representative below is not the current broker of record.**

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: _____

City, state, zip: _____

Policy number 1: _____ Product: _____

Name(s) of insured: _____

Insured #1 D.O.B. _____ Insured #2 D.O.B. _____

Name of policyowner *(If different from insured)*: _____

Resident state of policyowner: _____ SSN / Tax ID: _____

Request for current policy information

- | | | |
|---|--|--|
| <input type="checkbox"/> Current annual statement | <input type="checkbox"/> Index allocation (if applicable) | <input type="checkbox"/> Withdrawal or partial surrender |
| <input type="checkbox"/> Current beneficiary designation | <input type="checkbox"/> Current interest rate | <input type="checkbox"/> Full surrender for net cash value |
| <input type="checkbox"/> Last premium paid (amount) | <input type="checkbox"/> Policy fees, loads, and charges | <input type="checkbox"/> Loan request |
| <input type="checkbox"/> Conversion details | <input type="checkbox"/> Additional rider(s), description, and charges | <input type="checkbox"/> Agent of record change |
| <input type="checkbox"/> Issued underwriting class | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Current premium mode | | |
| <input type="checkbox"/> Accumulation value | | |
| <input type="checkbox"/> Net surrender value | | |
| <input type="checkbox"/> Net death benefit | | |
| <input type="checkbox"/> Loan balance | | |
| <input type="checkbox"/> Loan interest rate | | |
| <input type="checkbox"/> Crediting method | | |
| <input type="checkbox"/> Asset allocation (for variable policies) | | |

Request for service forms

- | |
|---|
| <input type="checkbox"/> Ownership change |
| <input type="checkbox"/> Beneficiary change |
| <input type="checkbox"/> Change of address / phone number |
| <input type="checkbox"/> Premium billing change |
| <input type="checkbox"/> Allocation change |
| <input type="checkbox"/> Certificate of lost policy |

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 above to procure any and all information.**

AIMCOR EIG regional office address: _____

City, state, zip: _____ Phone: _____

Email: _____@aimcoreig.com Fax (if applicable): _____

As policy/contract owner, I authorize you to release any information to AIMCOR EIG having the business address listed above. Note: 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 EIG Regional Office named above.

Policyowner signature: _____ Date: _____

Policyowner printed name: _____