

Authorization to Release Policy Information

By the policyowner 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, St, 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	
___	Current annual statement
___	Current beneficiary designation
___	Last premium paid (amount)
___	Conversion Details
___	Issued Underwriting Class
___	Current premium mode
___	Accumulation value
___	Net surrendervalue
___	Net death benefit
___	Loan balance
___	Loan interest rate
___	Crediting method
___	Asset allocation (for variable policies)
___	Index allocation (if applicable)
___	Current interest rate
___	Policy fees, loads and charges
___	Additional rider(s), description & charges
___	Other _____

Request for Service Forms:	
___	Ownership change
___	Beneficiary change
___	Change of address / phone number
___	Premium billing change
___	Allocation change
___	Certificate of lost policy
___	Withdrawal or partial surrender
___	Full surrender for net cash value
___	Loan request
___	Agent of record change
___	Other _____

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, St, 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: _____