

## Authorization to Release Policy Information and Request Inforce Illustrations

By the policy owner 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 agent 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 \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name(s) of Insured: \_\_\_\_\_ Insured's DOB **AND** last 4 of SSN: \_\_\_\_\_

Name of Policy Owner (if different from Insured) \_\_\_\_\_

Owner's DOB **AND** last 4 of SSN / Tax Id# \_\_\_\_\_

Owner's Address: \_\_\_\_\_

### The following Inforce Illustrations are requested:

<input type="checkbox"/> 5 year Step rated illustration using minimum premium each 5 year, level death benefit, and \$100 at <b>age 100</b> .
<input type="checkbox"/> <b>Current inforce</b> illustration reflecting current performance and premium being paid.
<input type="checkbox"/> Illustration assuming <b>no future premiums</b> to be paid.
<input type="checkbox"/> Illustration for level premium to endow policy.
<input type="checkbox"/> <b>Solve for premium to age 100</b> with zero cash value
<input type="checkbox"/> Solve for level premium to guarantee the policy to maturity.
<input checked="" type="checkbox"/> Additional illustrations as needed

### Request for Current Policy Information:

<input type="checkbox"/> Additional rider(s), description & charges	<input type="checkbox"/> Cost basis
<input type="checkbox"/> Confirm Product type and face amount (net death benefit)	<input type="checkbox"/> Current interest rate
<input type="checkbox"/> Conversion details; possible? To what product(s)?	<input type="checkbox"/> Current premium mode
<input type="checkbox"/> Conversion credit - is it applicable to this client?	<input type="checkbox"/> Loan balance
<input type="checkbox"/> Copy of Policy needed (digital copy)	<input type="checkbox"/> Loan interest rate
<input type="checkbox"/> Current annual statement	<input type="checkbox"/> Net surrender value (Cash surrender value)
<input type="checkbox"/> Current beneficiary designation	<input type="checkbox"/> Policy fees, loads & charges
<input type="checkbox"/> Issued Underwriting Class	<input type="checkbox"/> Premium History to include last premium paid & date
<input type="checkbox"/> Policy Summary	

My signature below authorizes your company to release information / forms to Hancock Brokerage.

**Representative Name:** \_\_\_\_\_ **Denise Schindler / Susan Cimini**

**Entity Address:** HANCOCK BROKERAGE, LLC, 900 Veterans Memorial Blvd., Metairie, LA 70005.

Entity Phone: (504) 837-2300; Entity Fax: (504) 837-0090; E-Mail: **customerservice@hancockbrokerage.net**

All information regarding the policy(ies) outlined above should be directed to Hancock Brokerage, LLC. They are authorized to act on behalf of the policy owner and representative named in this authorization to procure any and all information. As policy/contract owner, I authorize you to release any information to Hancock Brokerage, LLC having the business address listed above. **Note that 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 Hancock Brokerage, LLC named above.

Policy Owner Signature \_\_\_\_\_ Date \_\_\_\_\_