

## 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: \_\_\_\_\_

<u>The following Inforce Illustrations are requested:</u>	<u>Request for Current Policy Information:</u>	
<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"/> Accumulation value	<input type="checkbox"/> Current interest rate
<input checked="" type="checkbox"/> Additional illustrations as needed	<input type="checkbox"/> Additional rider(s), description & charges	<input type="checkbox"/> Current premium mode
<input type="checkbox"/> Conversion illustration with forms	<input type="checkbox"/> Allocation (if applicable)	<input type="checkbox"/> Issued Underwriting Class
<input type="checkbox"/> Conversion credit - is this applicable for this client?	<input type="checkbox"/> Asset allocation (for variable policies) Index	<input type="checkbox"/> Last premium paid (amount)
<input type="checkbox"/> Current inforce illustration reflecting current performance and premium being paid.	<input type="checkbox"/> Conversion; possible? To what product(s)?	<input type="checkbox"/> Loan balance
<input type="checkbox"/> Illustration assuming no future premiums to be paid.	<input type="checkbox"/> Copy of Term Policy	<input type="checkbox"/> Loan interest rate
<input type="checkbox"/> Illustration for level premium to endow policy.	<input type="checkbox"/> Cost basis	<input type="checkbox"/> Net death benefit
<input type="checkbox"/> Illustration paying the necessary annual premium to maturity leaving \$1,000 cash value at age 100.	<input type="checkbox"/> Crediting method	<input type="checkbox"/> Net surrender value
<input type="checkbox"/> Solve for level premium to guarantee the policy to age 100 or beyond.	<input type="checkbox"/> Current annual statement	<input type="checkbox"/> Policy fees, loads & charges
<input type="checkbox"/> Solve to age 100 with Zero cash value.	<input type="checkbox"/> Current beneficiary designation	<input type="checkbox"/> Policy Summary
		<input type="checkbox"/> Premium History

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 \_\_\_\_\_