

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

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Product: \_\_\_\_\_

Name(s) of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Policy owner (if different from insured): \_\_\_\_\_

### 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 surrender value
- 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
- Cost basis

### 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

### The following inforce illustrations are requested:

- Current inforce illustration reflecting current performance and premium being paid
- Illustration paying the necessary annual premium to maturity leaving \$1,000 cash value at age 100.
- Illustration assuming no future premiums to be paid.
- Illustration for level premium to endow policy.
- Solve for level premium to guarantee the policy to age 100 or beyond
- 5 year Step rated illustration using minimum premium each 5 year, level death benefit, \$100 at age 100

Notes: \_\_\_\_\_

**My signature below authorizes your company to release the requested information / forms to:**

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

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.

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

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: \_\_\_\_\_

Policy owner Printed Name: \_\_\_\_\_

