

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

Please submit one (1) per carrier, per policy owner

Policy Owner Name: _____

Insured's Name: _____

Social Security or Tax ID #: _____

I hereby authorize Henry Montag of the TOLI Center East and their representatives to obtain and/or request information regarding the existing life insurance policy(ies) listed below. This information shall include, but is not limited to: in-force ledgers, policy dates, cost basis, cash value information, policy riders, and interest/dividend history, as well as illustrations (including originals, in-force, & future projections).

Insurance Carrier	Policy Number	Issue Date	Insured's Date of Birth

The information above will be held in confidence. The policy data collected may be reviewed and assessed by qualified personnel consisting of medical, underwriting, and actuarial resources, or other related employees involved in the submission, receipt or evaluation of insurance policies, or prospective applications with insurance carriers with whom Henry Montag is affiliated/contracted.

The records may be sent to us via either of the following methods:

1. Faxed to secure fax line: (631) 549-2786
2. Emailed to: HENRY@THETOLICENTEREAST.COM

This authorization shall remain valid for twelve (12) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization. I understand that I may revoke this authorization at any time and that the revocation will take effect when my Representative receives my written request.

Signed on the _____ day of _____, the year _____ at _____ (city, state)

Owner/Trustee Signature: _____

Agent/Witness Signature: _____