



Henry Montag CFP, CLTC
www.thetolicentereast.com

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AUTHORIZATION FOR RELEASE OF POLICY INFORMATION

To Whom It May Concern,

By my signature below, this authorizes Henry Montag CFP, Principal of the TOLI Center East, and their representatives to obtain all & any information on my behalf, regarding the life Insurance policies listed below.

Insurer	Policy #	Insured	Owner	Date Issued

A copy of this Authorization shall be as valid as original & remain in force for 12 months.

The Information may be sent to us by
Fax – 631 549-2786 or
Emailed to Henry@thetolicentereast.com

Signature Owner **X**_____

Client printed name_____

Date Signed _____

Client Address_____

Signed at_____

Client address_____

Witness _____

DOB_____

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