

# Policy Review Authorization



## Authorization for the Release of Life Insurance Policy Information

*(PLEASE COMPLETE ONE FOR EACH POLICY)*

LIFE INSURANCE COMPANY	POLICY NUMBER
PRINTED NAME OF PRIMARY INSURED	PRINTED NAME OF SECONDARY INSURED (IF APPLICABLE)
PRINTED NAME OF POLICY OWNER #1 (INCLUDING TRUSTEES)	PRINTED NAME OF POLICY OWNER #2 (INCLUDING TRUSTEES)
PRINTED NAME OF POLICY OWNER #3 (INCLUDING TRUSTEES)	PRINTED NAME OF POLICY OWNER #4 (INCLUDING TRUSTEES)

I/we (the undersigned individual(s)) hereby authorize the above-referenced life insurance company and/or any other entity or person that has information related to the above-referenced life insurance policy to release such information to and reply immediately to any written, e-mail, telephonic or other request for information or documents required by **Rosiere Insurance Agency** and/or its affiliates, successors, assigns and authorized representatives ("**Rosiere Insurance Agency**") relating to the above-referenced life insurance policy.

I/we authorize the release of information by this form pertaining to the above-referenced life insurance policy to include but not be limited to the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Original copy of the policy</li> <li><input type="checkbox"/> Applications for insurance</li> <li><input type="checkbox"/> Riders</li> <li><input type="checkbox"/> In-force illustrations, including projections of values in the future</li> <li><input type="checkbox"/> Conversions</li> <li><input type="checkbox"/> Withdrawals</li> <li><input type="checkbox"/> Lapse or reinstatement status</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Verification of coverage</li> <li><input type="checkbox"/> Change in ownership and beneficiary confirmation/designation</li> <li><input type="checkbox"/> Absolute or collateral assignment</li> <li><input type="checkbox"/> Premium payments and payment provisions</li> <li><input type="checkbox"/> Contestable and suicide status</li> <li><input type="checkbox"/> Any and all other information</li> </ul> |
|--|---|

In addition, I/we authorize **Rosiere Insurance Agency** to share the information it receives from the life insurance company to any other person or entity, including the affiliates of each, required or compelled by law to receive or view such information to evaluate all of my/our options related to the above referenced policy. **Rosiere Insurance Agency** shall not release such information to any person or entity except as referenced above.

I/we authorize and request that this Authorization shall remain valid until the death of the Insured (or if multiple Insureds, until the death of the last to survive), absent any provision of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted thereunder. I/we further authorize that a photocopy, PDF or electronic file or facsimile of this Authorization is as valid as an original.

I/we certify that a) I/we am/are executing and delivering this Authorization freely and unilaterally/collectively as of the date written below; and b) I/we have a full understanding of the Authorization's contents.

**Authorized By:**

PRINTED NAME	SIGNATURE OF <b>PRIMARY INSURED</b>	DATE
PRINTED NAME	SIGNATURE OF <b>SECONDARY INSURED</b> (if applicable)	DATE
PRINTED NAME	SIGNATURE OF <b>POLICY OWNER #1</b> (if NOT Insured)	DATE
PRINTED NAME	SIGNATURE OF <b>POLICY OWNER #2</b> (if NOT Insured)	DATE
PRINTED NAME	SIGNATURE OF <b>POLICY OWNER #3</b> (if NOT Insured)	DATE

