

In-force Authorization



Carrier Name: _____

RE: Insured: _____ Policy #: _____

Face Amount: \$ _____ Product Name: _____

Product Type:

- Term
- Universal
- Whole Life
- Variable
- Indexed UL

To whom it may concern:

I hereby authorize you to release any information on the above captioned policy with your company to Ash Brokerage. This includes but is not exclusive to any cash value information as well as in-force ledgers. **A photocopy or faxed copy of this authorization shall be as valid as the original.**

Thank you for your attention to this request.

Sincerely,

IF PERSONALLY OWNED:

 Owner's Signature: _____ Today's Date: _____

Owner's Name (print): _____ Owner's SSN: _____

Insured(s) Name(s) (print): _____ Insured(s) DOB: _____

Insured(s) SSN: _____

IF TRUST-OWNED:

 Trustee's Signature: _____ Today's Date: _____

(Example: John C. Smith, trustee)

Trustee's Name (print): _____ Tax Identification #: _____

Full Name of Trust (print): _____ Date of Trust: _____

Insured(s) Name(s) (print): _____ Insured(s) DOB: _____

Insured(s) SSN: _____

IF BUSINESS-OWNED:

 Officer's Signature: _____ Today's Date: _____

(Example: John C. Smith, company title)

Officer's Name (print): _____ Tax Identification #: _____

Full Name of Business (print): _____ Insured(s) DOB: _____

Insured(s) Name(s) (print): _____ Insured(s) SSN: _____

Agent Name: _____

Authorized Individual: _____

(Ash Brokerage employee)

Please be sure to note the product type of each policy that is to be reviewed or provide a copy of the last annual statement along with the signed authorization.

FAX ALL INFORMATION TO (260) 478-3979 OR E-MAIL TO lipa@ashbrokerage.com