

# 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](mailto:lipa@ashbrokerage.com)