



## Authorization for Release of In-Force Policy Information

Please submit one (1) per Carrier, per policy Owner

Policy Owner Name: \_\_\_\_\_

Social Security or Tax ID # \_\_\_\_\_

I hereby authorize \_\_\_\_\_ Global Insurance and its staff, to obtain and/or request information regarding my existing life insurance policy(s) listed below. This information shall include but not be limited to; in force ledgers, policy dates, cash value information, interest/dividend history, and underwriting classifications.

Insurance Carrier	Pol. #	Issue Date	Insured	DOB

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 applications or prospective applications of Global Insurance affiliated insurance companies and their reinsurers.

The records may be transmitted via U.S. regular mail, various overnight mail services and/or through the use of secure electronic devices.

This authorization shall be valid for six (6) 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 and State)

Owners Signature: \_\_\_\_\_

AGENT/Representative Signature: \_\_\_\_\_