

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

(Submit one per Carrier and per Policy Owner)

I hereby authorize Freundt & Associates (The Producers Group) GA # _____
(Our Carrier C & L # if any) and its staff (in particular _____ (Advisor) and/or Kathie
Driscoll – Policy Services – The Producers Group) to obtain and/or verbally request information regarding my
life insurance policy (s) listed below. The policy data collected may be reviewed and assessed by qualified
personnel consisting of medical, underwriting, and actuarial resources.

The information shall include but not be limited to:

- Current Illustration
- Solve for Min. premium to carry to maturity with little c/v
- No Further Premium
- Policy Summary reflecting policy values including issue date, Face Amount, issuing status
(smoker/non-smoker) etc. Loan Information

Policy Owner(s) Name: _____ Last 4 of SS#/Tax ID: _____

Insurance Carrier	Policy Number	Issue Date	Insured	Date of Birth

Fax to: Freundt & Associates – The Producers Group Attn: Kathie Driscoll – Policy Services Fax #: 1.888.905.0333	Mail to: Name: _____ Address: _____ City/St/Zip: _____
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This authorization shall be valid for six (6) months from the date below. I also 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 _____ year _____ at _____
(city & state)

Owner Signature(s): _____

Advisor/Agent: _____