

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

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

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: _____ SS#/Tax ID #: _____

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.

Insurance Carrier	Policy Number	Issue Date	Insured	Date of Birth

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.

Fax to: Freundt & Associates – The Producers Group

Fax #: 949.362.3325

Attention: Kathie Driscoll – Policy Services

Mail to:

Name: _____

Address: _____

City/St/Zip: _____

Signed on the ____ day of _____, the year _____ at _____
 (city and state)

Owner Signature(s): _____

Advisor/Agent: _____