

LIFETRUST, LLC
Authorization to Release
Life Insurance Policy Information

I, _____, the insured individual, hereby authorize
(Name of Insured)

And/Or

I, _____, the policy owner in conjunction with the Insured,
(Name of Policy Owner [If different than Insured]) hereby authorize

_____, the issuer of the life insurance policy
(Name of Insurance Company)

_____, insuring the life of
(Policy Number)

_____, to release to LIFETRUST, LLC or its authorized
(Name of Insured) employees and representatives, any and all
information concerning this policy. A photocopy
or fax of this document shall be as valid as the
original.

(Signature of Insured)

(Date)

(Social Security Number of Insured)

(Signature of Owner [if different from Insured])

(Date)

_____, Please indicate the Issued or Effective date of your life
(Issued or Effective Date) insurance policy.

_____, Please indicate whether your policy is an individual
(Policy Type) or group coverage policy (Employer or association based).

\$ _____, Please indicate the face amount of the policy.
(Amount of Coverage)