



AUTHORIZAITON FOR THE RELEASE OF POLICY INFORMATION

_____ insurer, the issuer of policy Number _____ and/or Certificate Number _____ owned by _____ and insuring the life of _____,

To release directly to Atlantic Financial a copy of the policy, forms, riders or amendments of this policy. I respectfully request that you reply immediately to any written request for information or letters required by Atlantic Financial or its agents pertaining to this policy or contract information. I also request that you release any requested information pertaining to this policy verbally over the phone. I agree that this authorization is valid for twelve (12) months from the date thereof, and that a photocopy or facsimile is as valid as an original. I understand that Atlantic Financial could use information released or obtained pursuant to this authorization for the purpose of pursuing and/or completing the sale of a life insurance policy on which I am the owner, and I hereby expressly authorize such use and discloser. I understand that I may withdraw the consent of this authorization under any applicable state statute or regulation.

Signature of Owner _____ Date _____
Printed Name of Owner _____ Social Security Number / TIN Number _____
Signature of Insured _____ Date _____
Printed Name of Insured _____ Social Security Number _____
Signature of Witness _____ Relationship _____
Printed Name of Witness _____ Date Signed _____

Atlantic Financial and the policy owner mutually acknowledge and agree that the Application Life Insurance Evaluation Form is not an offer or a commitment to extend credit in any form. Atlantic Financial is under no obligation to purchase any Life Insurance Policy.

