



This consent for release of information allows a policy owner to authorize additional individual(s) to obtain information on a specified policy. Below is the necessary form to authorize another individual to obtain information on the above policy.

Please scan and return your completed, signed form to us by:
Email: psdocuments@trustage.com
Fax: 1.605.719.0601

You will receive confirmation once we've completed processing your request.

Consent for release of information

Please be advised that I authorize the following person(s) to receive information on my policy.

**Please note: This is to obtain information only. The named person is not allowed to make policy changes.*

Name(s)	Relationship to Policy Owner
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This authorization will remain in effect until revoked (in writing) by the policy owner or owner's Power of Attorney (POA)/Guardian.

Policy Number(s)		
Policy Owner's Name	Insured's Name	
Policy Owner's Signature	Date (mm/dd/yy)	

(If POA or Guardian of policy owner please sign as POA or Guardian)