

AUTHORIZATION TO RELEASE INFORMATION
Important: Please read carefully before signing

I, _____ hereby authorize United Home Life
(Policyowner) Print

Insurance Company (Company) to release policy information to:

(Name of person to receive information) Print (Relationship)

(Street Address) Print (City) Print (State) (Zip)

for policy number(s):

I understand that:

1. Information released under this authorization may be disclosed in any form or medium, including oral, written or electronic transmission.
2. This authorization grants permission to the aforementioned party to inquire about and discuss all aspects of policy coverage.
3. This consent is voluntary and that this document, when executed by me, will be used by the Company to provide information as stated above.
4. I have the right to revoke this authorization by delivering written notice to the Company at its Home Office. Such revocation will take effect when the Company receives it, except to the extent that the Company has already released information in reliance upon this authorization.
5. This authorization is valid until _____(insert date) or, if left blank, until I revoke it by written notice to the Company.
6. **I release the Company and its representatives from any and all liability that may result from the release of information.**
7. A photocopy of this authorization is as valid as the original.

I have read and understand this authorization.

Signature of Policyowner

Date

Street Address

City State Zip Code