



Authorization to Obtain Data

DATE: _____
 TO: Policy Service Department of _____
 (PLEASE PUT CARRIERS NAME)
 SUBJECT: Request for In Force Illustrations and Data
 RE POLICY #: _____
 INSURED(S): _____

To whom it may concern:

As owner of the above mentioned policy, I am reviewing my life insurance coverage. I hereby authorize you to release any information on such policy with your company to CPI Companies. If you require this authorization to name a specific individual of CPI Companies then I also authorize you to release any information on the policy mentioned above to Jason Black, of CPI Companies, 513 Centennial Blvd. Voorhees, NJ 08043.

This authorization allows release, by email or fax, of all current, past, and future policy data, values, summaries and statements including in-force illustrations.

Please fax all information to (856) 874-1255.

Please email all information to: jason@cpicompanies.com

A copy of this authorization shall be deemed as valid as the original.

If you have any questions please contact me at _____. Your timely response will be most appreciated.

Owner Name Printed

Owner SS#

Insured Name Printed

Insured DOB

Owner Signature (Please sign inside box)

Date