

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**RELEASE OF POLICY INFORMATION**

I hereby authorize \_\_\_\_\_, the issuer of Policy Number \_\_\_\_\_ owned by \_\_\_\_\_ and insuring the life of \_\_\_\_\_, to release to P&T Financial Co. or its authorized agents, a copy of the policy, forms, riders, amendments, illustrations or verification of coverage of this policy. I respectfully request that you reply immediately to any request for information or letters required by P&T Financial Co. or its agents pertaining to this policy or employment information. I agree that this authorization is valid for six (6) months from the date thereof, and that a photocopy or facsimile is as valid as an original.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date Signed