

SAMPLE RELEASE LETTER

AUTHORIZATION TO RELEASE CUSTOMER INFORMATION

I, _____, authorize _____ (Insurance Company), to release the following policy information to _____ ("Funeral Home") for the life insurance policy of _____ (Insured), account number # _____: all account numbers, past and present account balance information, the present ownership, beneficiary designations, or assignments of interests in the policy.

This authorization is effective immediately upon receipt and shall remain in effect indefinitely until I revoke this authorization in writing or until the preneed contract executed concurrently with this authorization is terminated for any reason or performed in full by Funeral Home. A photocopy of this authorization shall be deemed as effective as the original.

_____ Date: _____

Relationship to Insured: _____

_____ COUNTY

STATE OF _____

I, the undersigned notary, certify that _____, being personally known by me or identified through satisfactory evidence, personally appeared before me and acknowledged to me that he or she signed the foregoing document.

This, the _____ day of _____, 20____.

Signature of Notary Public

Notary's Printed Name

[seal]

My commission expires: _____