



ROCKY MOUNTAIN INSURANCE NETWORK

9200 West Cross Drive, Suite 508, Littleton, Colorado 80123 ■ 303-839-1431 ■ 800-846-3997 ■ FAX 303-832-6417

AUTHORIZATION FOR RELEASE OF IN-FORCE POLICY INFORMATION

Please submit one (1) per Carrier, per policy Owner.

Policy Owner Name: _____

Social Security or Tax ID # _____

I hereby authorize _____, Rocky Mountain Insurance Network, and its staff to obtain and/or request information regarding my existing life insurance policy (s) listed below. This information shall include but not be limited to, a summary of coverage (date of issue, date of birth, issue rating, name of owner, beneficiary, assignments, current policy value and current surrender value) as well as a current illustration and an illustration with level premiums to age 100.

Insurance Carrier	Policy Number	Issue Date	Insured	Date of Birth

The information above will be held in confidence.

The records may be transmitted via U. S. regular mail, various overnight mail services and/or through the use of secured electronic devices.

Signature of insured

Date

Printed name of insured

Signature of policy owner

Date

Printed name of policy owner

Signature of Agent/Representative

Date

Printed name of Agent/Representative

This material and all of its contents here under, are strictly for the use of AGENTS LICENSED through Rocky Mountain Insurance Network. This is NOT FOR CONSUMER USE.