



# Inforce Policy Authorization

Client Information:			
Policy Owner/Trustee Name:		Date of Birth:	
Social Security Number/EIN:		Issue State:	
Resident Address:		City:	State: Zip:
Is the owner a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of trust:		

Authorized Agent Information:			
Name:	Agent Phone:	Agent Fax:	Agent Email:
Business Address:		City:	State: Zip:

Policy Information:			
Insureds Name:	Date of Birth:	Carrier:	Policy Number:
Policy 1:			
Policy 2:			
Policy 3:			
Policy 4:			

Authorization:	
<p>Please accept this letter as authorization to release policy information to both the agent listed above as well as any representative of Jurs Montgomery Brokerage, for the purpose of reviewing my current inforce policy. Policy information may include but is not limited to; copies of my most recent policy statements, inforce illustrations, or any other information which may be needed to conduct a proper policy review. By signing below I authorize Jurs Montgomery Brokerage to obtain this information for any of the policies listed above.</p>	
Signature of Policy Owner	Date
Printed Name of Policy Owner	Date