



Sagikor Life Insurance Company
 4343 N. Scottsdale Rd., Suite 300
 Scottsdale, Arizona 85251
 Ph: (888) 724-4267 / Fax: (480) 425-5139

**AUTHORIZATION TO
 RELEASE INFORMATION**

DESCRIPTION:

Use this form to designate an Authorized Third Party (“Authorized Party”) to obtain information about the life insurance policy and/or annuity contract(s) listed.

INSTRUCTIONS:

- Please read this form and complete all required fields before signing.
- Use complete names (John J. Smith, not J. J. Smith).
- Print clearly using blue or black ink.
- Cross-through, initial, and date any corrections or changes. Do not use correction fluid.
- Ensure that this form is completed fully and legibly, and signed by all necessary persons.
 - All Owners must sign this form.
 - The Authorized Third Party must sign this form.
 - If a legal representative is signing on behalf of the Owner, supporting legal documentation is required. The representative’s title must be provided in Section 5.
 - All required trustees, as indicated by the trust document, must sign this form if the policy is owned by a trust. Each trustee’s title must be provided in Section 5.
 - If the policy is owned by a corporation or other business entity, the authorized representative(s) must sign this form and a corporate resolution (or similar) must be attached. Each authorized representative’s title must be provided in Section 5.
- Forward this form to Sagikor Life Insurance Company (Sagikor). Confirmation of change(s) will be sent to you for your records.

SECTION 1: OWNER AND CONTRACT INFORMATION	
Owner(s) Name	Policy/Contract Number(s)
Mailing Address	City/State/Zip Code
Telephone Number	E-Mail Address
SECTION 2: AUTHORIZED THIRD PARTY INFORMATION	
<i>Sagikor Life Insurance Company (Sagikor) is hereby requested to revoke all prior authorizations and change the Authorized Party(ies) to the following:</i>	
Authorized Third Party's Name	Relationship to Owner
Mailing Address	City/State/Zip Code
Telephone Number	E-Mail Address
Date of Birth	SSN or Tax ID (last four digits)


 BC160012



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SECTION 3: TYPE OF INFORMATION TO BE RELEASED

Please select the information you are authorizing Sagicor to release verbally or in writing to the Authorized Party upon their request (check all that apply):

- Financial/Transactional Information** such as billing mode, disbursement information (amounts and payout dates), premium amounts, premium refunds, premium due date, account value/balance, and annual statements.
- Tax Documents** such as 1099, W-9, 5499, and other tax reporting material.
- Policy/Contract Information** such as Name of Owner, Insured, Payor and Beneficiary(ies), duplicate policy requests, policy/contract status, and history of policy/contract changes.
- Communications** such as copies of letters.

Please note: This authorization is NOT valid for the release of any health or medical information.

SECTION 4: DISCLOSURES

- This Authorization does NOT allow the Authorized Party to make any changes to the life insurance policy or annuity contract. All requests to make policy changes MUST be submitted by the Policy Owner(s).
- This Authorization is void after any change in ownership of the policy/contract(s).
- Sagicor reserves the right to:
 - require the appropriate authentication of the Authorized Party prior to the release of any policy/contract(s) information;
 - release requested information directly to the Policy Owner(s) if we cannot authenticate the identity of the Authorized Party;
 - deny the release of policy information to an Authorized Party.
- The Policy Owner(s) can at any time during this period terminate this Authorization by writing to our home office.

SECTION 5: AUTHORIZATION AND ACKNOWLEDGEMENT

I (We) hereby authorize Sagicor to release the information indicated above to the Authorized Party for a period of 24 months unless revoked in writing prior to the end of that period.

I (We) understand that Sagicor reserves the right to deny, at any time, the release of policy/contract information to an Authorized Party.

I (We) acknowledge that Sagicor is relying exclusively on the representations and signatory designations made in this Authorization to Release Information form ("Form"), and such representations and designations shall remain valid until written notice of any change is made.

I (We) agree to indemnify and hold harmless Sagicor, its subsidiaries, affiliates, agents, representatives, and employees and indemnify Sagicor from any and all claims, causes of actions, expenses, including legal expenses, or losses Sagicor may suffer out of its reliance on this Form, and will release Sagicor from any liability arising from such reliance, unless otherwise prohibited by law. This indemnification shall survive termination of this document, the life insurance policy, or life of the annuity.

By signing below, I (We) certify that I (We) have read, understand, and have authority to execute this Authorization to Release Information form.

Signature of Owner	Title	Date
Signature of Joint Owner (if jointly owned)	Title	Date
Signature of Authorized Third Party		Date