

POLICY REVIEW AUTHORIZATION

Date: _____

Name of Insurance Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Policy #: _____ Name of Insured: _____

Name of Policy Owner: _____ Date of Birth: _____ SS#: _____

Please accept this letter as authorization for the below named individual/firm to be provided with any and all information regarding the above referenced policies, including current in-force ledgers.

Agent: _____/Specific Solutions, 475 International Drive, Williamsville, NY 14221 - Fax: 716-632-6051

Authorization:

I authorize _____/Specific Solutions to obtain any and all information, including in-force ledgers.

Signature of Insured: _____ Print Name of Insured: _____ Date: _____

Signature of Policy Owner: _____ Print Name of Policy Owner: _____ Date: _____