



## **AUTHORIZATION TO DISCLOSE & RELEASE POLICY INFORMATION**

\_\_\_\_\_  
**PRINTED NAME OF INSURED**

\_\_\_\_\_  
**PRINTED NAME OF SECOND INSURED**

\_\_\_\_\_  
**INSURANCE COMPANY**

\_\_\_\_\_  
**POLICY NUMBER**

The Owner & Insured(s) (hereafter referred to as “I”, “me” or “my”), authorize the disclosure of the insured(s) life insurance policy information to **LIFE SETTLEMENT SERVICES, LLC**, and their authorized representatives, successors, designees and affiliated entities, agents, subsidiaries, independent contractors, service providers and the officers, directors, and employees of each (each an “Authorized Recipient”), including release to Life or Viatical Settlement Companies designated by **LIFE SETTLEMENT SERVICES, LLC**, and including the release to any second opinion underwriting services designated by **LIFE SETTLEMENT SERVICES, LLC**, not limited to: 21<sup>st</sup> Services, American Viatical Services, A.M. Scott, Examination Management Services, or Fasano Associates.

1. Release Authority: I specifically authorize and request my insurance company to rely upon an original or reproduction (photo-static, facsimile, e-mail attachment, or other reproduction) of this authorization. I understand this release may be transmitted by **LIFE SETTLEMENT SERVICES, LLC**, to an Authorized Recipient or Designee via e-mail, computer disk, facsimile, photo-static reproduction, and shall also be considered the same as the original.

2. Policy Information: I understand my policy information may be conveyed to **LIFE SETTLEMENT SERVICES, LLC**, or their Authorized Recipients or Designees via e-mail, computer disk, facsimile, photo-static reproduction, web posting to a secure website, or via FedEx, UPS, U.S. Postal Service, or any designated courier or delivery company.

3. Expiration of Authorization: This authorization shall remain valid for two (2) years from the date of my signature on this release.

4. Right to Revoke Authorization: I understand I may revoke this authorization at any time by providing written notification to **LIFE SETTLEMENT SERVICES, LLC**

5. Release of Policy Information: I hereby authorize my insurance company to furnish **LIFE SETTLEMENT SERVICES, LLC**, or their representatives (as stated above) with any information in connection with any life insurance policy under which my life is insured (including any conversions thereof or replacements therefore). This includes and is not limited to:

