

# INFORCE POLICY AUTHORIZATION

Date \_\_\_\_\_

Policy # \_\_\_\_\_

Insured \_\_\_\_\_

Owner \_\_\_\_\_

Carrier \_\_\_\_\_

Dear Policy Service:

I hereby request that you provide any and all information requested by First American Insurance Underwriters, Inc. on the insurance policies referenced above:

Please provide:

1. Inforce illustration as sold
2. Current in force illustration if different from as sold
3. \_\_\_\_\_
4. \_\_\_\_\_

## Authorization

I authorize First American Insurance Underwriters, Inc. to obtain information on my policies, including, but not limited to, any statements, inforce ledgers, policy dates, premiums paid, rate class, beneficiary information, etc. in order to perform a current review of the above listed policies. I further authorize First American Insurance Underwriters, Inc. to be able to speak with any of your representatives regarding my policies.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Insured

\_\_\_\_\_  
Printed Name of Policy Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth of Insured

\_\_\_\_\_  
Date of Birth of Policy Owner

\_\_\_\_\_  
SS# of Insured

\_\_\_\_\_  
SS# of Policy Owner (Tax ID# (if trust owned))

*Please fax completed form to Policy Owner Services at 781.449.7694 or mail to:  
First American Insurance Underwriters, Inc.  
460 Hillside Avenue  
Needham, MA 02494*

