

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

Address of Policy Owner

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*

