



**Authorization for Release of Information**

Insured: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

This form acts as written authorization to release information regarding your insurance certificate through Woman's Life Insurance Society. Please read it carefully.

I hereby authorize Woman's Life Insurance Society to discuss or provide any information on my certificate number listed above to the following person:

Name: \_\_\_\_\_ Social Security # : \_\_\_\_\_ (for identification purposes)

If the information to be released is to be limited, please indicate the information to be released:

\_\_\_\_\_

If this authorization is only for the current request for information, please check the box below.

Release information as a one-time circumstance

If the above box is not checked, this authorization for release of information will automatically expire one year from the date the form is signed. This release will remain in effect until it expires or it is revoked by the insured. It is the insured's responsibility to notify Woman's Life Insurance Society, if this authorization should be revoked before the expiration date.

A copy (including, but not limited to, any facsimile, photostatic or electronic copy) of my signature below is as valid as the original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness to Insured's Signature  
(must be disinterested person)

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip