

INSTRUCTIONS

Use this form to authorize an individual to obtain information about your policy(ies). List all policies on page 1 to which this Authorization will apply. This Authorization allows for the release of information only. It does not allow the authorized person to make changes to the policy(ies). The Owner(s) may revoke this Authorization by calling us at the number below or by submitting a written request to the address listed below.

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

North American Insurance Company Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.nains.com