

AUTHORIZATION TO RELEASE INFORMATION

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form.

9	• • • • • • • • • • • • • • • • • • • •		
POLICY NUMBER(S)			
VNER'S NAME			OWNER'S SOCIAL SECURITY NUMBER
JOINT OWNER'S NAME			JOINT OWNER'S SOCIAL SECURITY NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP	CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)		1	TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS
By signing below, I(we) authorize the individual id limited to, policy values, beneficiary designations revoked by the Owner(s).			
AUTHORIZED PARTY'S FULL NAME			DATE OF BIRTH
CHECK THIS BOX IF YOU WOULD LIKE THE AUTHORIZED PAR' LATE PAYMENT OR POLICY LAPSE	TY TO RECEIVE	E COPIES OF PR	EMIUM BILLING NOTICES AND ANY NOTICES OF
MAILING ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS
Signature – Owner Date	Signature – Joint Owner (if applicable) Date		
☐ Trustee or ☐ Officer Title:	or \square Officer Title:		
If you are signing on behalf of the owner, print y the capacity in which you are signing.	our name a	and sign be	low and check the box that describes
☐ Conservator ☐ Guardian	☐ Power o	f Attorney	
Signature:			
Print Name: AUTHREL-CELIC (rev. 5/14) Page 1 of 2			

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.

Christian Fidelity [®] Mailing Address and Contact Information			
Regular or Overnight Mail	ail 2721 North Central Avenue, Phoenix, Arizona 85004		
Fax	(877) 584-2777		
Email	OxfordPHS@oxfordlife.com		
Policyholder Services	(866) 641-9999		
Website	www.cflic.com		