



AUTHORIZATION TO RELEASE INFORMATION

Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form.

POLICY NUMBER(S)			
OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER	
JOINT OWNER'S NAME		JOINT OWNER'S SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

By signing below, I(we) authorize the individual identified below to obtain policy information including, but not limited to, policy values, beneficiary designations and premium payments. This Authorization is valid until revoked by the Owner(s).

AUTHORIZED PARTY'S FULL NAME		DATE OF BIRTH	
<input type="checkbox"/> CHECK THIS BOX IF YOU WOULD LIKE THE AUTHORIZED PARTY TO RECEIVE COPIES OF PREMIUM BILLING NOTICES AND ANY NOTICES OF LATE PAYMENT OR POLICY LAPSE			
MAILING ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

Signature – Owner _____ Date _____ Signature – Joint Owner (if applicable) _____ Date _____

Trustee or Officer Title: _____ Trustee or Officer Title: _____

If you are signing on behalf of the owner, print your name and sign below and check the box that describes the capacity in which you are signing.

Conservator Guardian Power of Attorney

Signature: _____

Print Name: _____

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.

Oxford Life 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.oxfordlife.com