

## In-Force Service Authorization

**To Whom it May Concern:**

Please accept this letter as authorization for the individual(s) named below to be provided with pertinent information for the below referenced policy(ies). This information may include copies of my most recent statements/policy values as well as in-force ledgers as needed to analyze my policy.

Insured #1: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Insured #2: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Policy #1 applies to:  Insured #1  Insured #2

- Insurance Company: \_\_\_\_\_  Owner is the Insured
- Policy Number: \_\_\_\_\_ Owner's SSN or Tax ID: \_\_\_\_\_
- Owner/Trustee: \_\_\_\_\_ Owner's DOB or Trust Date (if applicable): \_\_\_\_\_

Policy Owner's Address: \_\_\_\_\_

Policy #2 applies to:  Insured #1  Insured #2

- Insurance Company: \_\_\_\_\_  Owner is the Insured
- Policy Number: \_\_\_\_\_ Owner's SSN or Tax ID: \_\_\_\_\_
- Owner/Trustee: \_\_\_\_\_ Owner's DOB or Trust Date (if applicable): \_\_\_\_\_

Policy Owner's Address: \_\_\_\_\_

**Authorization:**

I authorize Belman Klein Associates, Ltd, to obtain information, including any statements, policy values and in-force ledgers needed, to provide me with a review of the above referenced policy.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Insured #1 Signature of Insured #2

\_\_\_\_\_  
Printed Name of Insured #1 Printed Name of Insured #2

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner/Trustee #1 (if different than insured) Signature of Owner/Trustee #2 (if different than insured)

\_\_\_\_\_  
Printed Name of Owner #1 Printed Name of Owner #2