Authorization to Obtain Data

CPI COMPANIES
LIFE BROKERAGE

DATE: _____

TO: **Policy Service Department of** _____

(PLEASE PUT CARRIERS NAME)

SUBJECT: **Request for In Force Illustrations and Data**

RE POLICY #: _____

INSURED(S): _____   _____

To whom it may concern:

As owner of the above-mentioned policy, I am reviewing my life insurance coverage. I hereby authorize you to release any information on such policy with your company to CPI Companies. If you require this authorization to name a specific individual of CPI Companies then I also authorize you to release any information on the policy mentioned above to Jason Black, of CPI Companies 1010 Berlin-Haddonfield Road. Voorhees, NJ 08043.

This authorization allows release, by email or fax, of all current, past, and future policy data, values, summaries and statements including in-force illustrations.

Please fax all information to (856) 874-1255.

Please email all information to: jason@cpicompanies.com

A copy of this authorization shall be deemed as valid as the original.

If you have any questions please contact me at_____. Your timely response will be most appreciated.

_____
Owner Name Printed

_____
Owner SS#

_____
Insured Name Printed

Owner Signature (Please sign inside box)

_____
Insured DOB

_____
Date

Rev. 5/2020