



ASSURANT[®]

American Memorial
Life Insurance Company
P.O. Box 2730
Rapid City, SD 57709-2730

Consent for Release of Information

This Consent for Release of Information allows a policy owner to authorize additional individual(s) to obtain information on a specified policy. Below is the necessary form to authorize another individual to obtain information on the above policy.

Please scan and return your completed, signed form to us by
Email: documents@assurant.com
Fax: 1-605-719-0601

You will receive confirmation once we've completed processing your request.

Consent for Release of Information

Please be advised that I authorize the following person(s) to receive information on my policy.
**Please note: This is to obtain information only. The named person is not allowed to make policy changes.*

Name(s): _____

Relationship to Policy Owner: _____

This authorization will remain in effect until revoked (in writing) by the policy owner or owner's Power of Attorney (POA)/Guardian.

Policy Number(s): _____

Insured's Name: _____

Policy Owner's Name: _____

Policy Owner's Signature: _____

(If POA or Guardian of policy owner please sign as POA or Guardian)

Date: _____

This form may be used for business underwritten or administered by American Memorial Life Insurance Company, Union Security Insurance Company, Liberty Life Insurance Company or IA American Life Insurance Company.