AUTHORIZATION FOR DISCLOSURE
OF INSURANCE POLICY INFORMATION
FOR PRENEED CONTRACT ARRANGEMENTS

1. **PARTIES:**

"FUNERAL HOME":_____
(Name of Funeral Home)

"OWNER":_____
(Name of Policy Owner)

"INSURANCE COMPANY":_____
(Name of Insurance Company)

"POLICY":_____
(Policy Number of Insurance Policy on Owner's Life)

2. **AUTHORIZATION.** The OWNER is planning to use the policy to fund a preneed funeral contract to provide funeral services for the OWNER and/or the OWNER's family members. To ascertain the amount of funds available from the POLICY, the OWNER authorizes the INSURANCE COMPANY to release to the FUNERAL HOME any and all information relating to the POLICY, including, but not limited to, the dollar amount of the proceeds available under the POLICY, whether the POLICY is paid up, whether there are any loans pending against the POLICY, and verification of the names of the owner, primary beneficiary and any alternative beneficiary under the POLICY.

3. **REVOCATION.** The OWNER understands that the signing of this Authorization is voluntary and this Authorization may be revoked at any time, except to the extent that action has been taken in reliance on this Authorization by the INSURANCE COMPANY. The OWNER understands that in order to revoke this Authorization, a written notice must be sent to the INSURANCE COMPANY. This Authorization shall expire twelve (12) months after the date it is signed below.

4. **ADVISORY:** The OWNER acknowledges that the FUNERAL HOME to which this information may be released may not be covered by federal privacy laws and regulations and, if this information is disclosed, it may no longer be protected by those laws and rules.

DATE: **SIGNATURE OF OWNER**

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