

# POLICY INFORMATION

Please attach a recent copy of your Policy Statement

## Current Policy Information

Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Date: \_\_\_\_\_

Policy Type:  Whole Life  Variable Life  
 Universal Life  Term

Death Benefit: \$ \_\_\_\_\_

Insured:  Single Life  
 Survivorship

Customer Service Contact Information: \_\_\_\_\_

## Insured Information

Insured Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex:  Male  
 Female

Health Class:  Preferred  Standard  Rated \_\_\_\_\_

Tobacco Use:  Non—Tobacco  
 Tobacco Details: \_\_\_\_\_

## If Survivorship

Second Insured: DOB: \_\_\_\_\_

Tobacco Use:  Non—Tobacco  
 Tobacco

Health Class:  Preferred  Rated \_\_\_\_\_  
 Standard

Changes in Circumstances since Policy was put in force: \_\_\_\_\_  
\_\_\_\_\_

## Requester Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

**THIRD-PARTY RELEASE OF LIFE  
INSURANCE POLICY INFORMATION**

\_\_\_\_\_ Insurance Carrier

\_\_\_\_\_ Customer Service Phone Number

Policy(s) Number: \_\_\_\_\_

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_

Dear Customer Service:

I am working with Opportunity Concepts, LLC (OC), a life insurance consulting company, to evaluate my life insurance policy (s). Please consider this as a formal authorization and directive for the afore listed life insurance company to speak with and provide to Bill Boersma , Opportunity Concepts, LLC, or its authorized representatives, any and all information requested regarding the referenced policy (s). This is to include but is not limited to faxing, e-mailing, mailing and providing OC with information over the phone.

I (We) hereby authorize \_\_\_\_\_ to release any information specific to the policy (s) listed above to Opportunity Concepts, LLC and all its authorized representatives for a period of one (1) year.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

**For Corporate or Trust Owned Policies:**

Name of Corporation or Trust: \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Or

Signature of Trustee \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_