



The advisor's insurance advisor.®

AUTHORIZATION FOR INSURANCE COMPANY TO RELEASE POLICY INFORMATION TO LLIS

Date: _____

Insurance Company: _____ Policy Number: _____

Attn: Client Service Department

RE: Authorization to Release Information

Policy Insured _____ Date of Birth _____

Policy Owner (if different) _____

Financial Advisor Name _____

Last 4 digits of Owner's SSN or Tax ID# (if trust) _____

Owner's Address _____

Owner's Phone _____ Owner's Email _____

To Whom It May Concern:

Please use this letter as your authorization to release policy information, including copies of past and future annual statements, in force illustrations, and cash values to the following:

Mark W. Maurer, Judith R. Maurer, and their authorized policy holder services associates
(Neva Clark, Ashley Greenfield, and Taylor West)
LLIS, Inc.
2907 W. Bay to Bay Blvd, Suite 102
Tampa, FL 33629-1706
(813) 902-0002
Fax: (813) 902-0007

If any additional information is required, please do not hesitate to contact me.

Signature of Policy Owner _____

Instructions to Policy Owner: please complete this form and return it to LLIS at
fax number 813-902-0007 or advisorservice@LLIS.com.