AdvisorServe®
Independent. Objective. Trusted.

THIRD PARTY AUTHORIZATION

POLICY INFORMATION

POLICY NUMBER	ISSUING COMPANY ("THE COMPANY")
INSURED 1 NAME	INSURED 2 NAME
INSURED 1 DOB AND LAST 4 SSN	INSURED 2 DOB AND LAST 4 SSN
POLICY OWNER NAME	MAILING ADDRESS
IF TRUST-OWNED, NAME OF TRUSTEE	LAST 4 OF TRUST'S TIN

AUTHORIZATION

As owner of the above policy, I authorize the Company to release any and all policy information which may include, but is not limited to, the following information and documents:

1. A copy of the policy, including original application and attached riders
2. Any forms related to the Policy and the rights of the insured and/or owner
3. Current illustrations as may be requested
4. Any other information related to my policy

AUTHORIZED PARTY(IES)

As owner of the above policy, I authorize the Company to release the above stated information to the following third parties:

AdvisorServe	27-3508576
THIRD PARTY NAME	THIRD PARTY TIN/DOB
Seth Freeman, AdvisorServe	12/08/1981
THIRD PARTY NAME	THIRD PARTY BIRTH DATE
Gregory Freeman, AdvisorServe	07/21/1949
THIRD PARTY NAME	THIRD PARTY BIRTH DATE

SIGNATURES

A photocopy of this authorization shall be as valid as the original. This authorization shall remain valid for the life of the undersigned (or the last to survive), absent any provision of any applicable State Statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted by law. I also understand that I may withdraw this consent pursuant to any applicable state statute or regulation.

POLICY OWNER SIGNATURE	DATE
POLICY OWNER TITLE	