



LOW LOAD

INSURANCE SERVICES, INC.SM

The advisor's insurance advisor.

**AUTHORIZATION TO RELEASE POLICY INFORMATION
TO LOW LOAD INSURANCE SERVICES**

Date: _____

Insurance Company: _____

Attn: Client Service Department

From: _____

RE: Authorization to Release Information

Policy Number _____

Policy Insured _____

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:

Judith R. Maurer and the associates of
Low Load Insurance Services, 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.

Policy Owner _____

Signature of Policy Owner _____

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