

# Authorization for Release of Policy Information

## General Information

Policy No: \_\_\_\_\_

Issued by (the Company) \_\_\_\_\_

Insured's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_

## Authorization

I/We authorize "the Company" to allow Jerry Eastman to receive policy information and values, on the above referenced policy. Mr. Eastman's contact information is as follows:

Jerry Eastman, JD, CLU, RHU, ChFC, CASL

The Eastman Company, Inc.

201 Main Street, Suite 1640

Fort Worth, TX 76102

(817)335-6901

(817)335-6910 (fax)

je@jerryeastman.com

## Signatures

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (print) \_\_\_\_\_