

Investment OR Pension OR Annuity Verification

(To be completed by insurance agent)

TO: _____

RE: _____

Name

Social Security Number

FROM: _____

Thank you for your prompt response. All information is confidential.

Please contact _____

at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

INSURANCE AGENT / ADMINISTRATOR – PLEASE COMPLETE APPLICABLE SECTIONS

Type of account:

Fixed

Deferred

Market Value: \$_____

Variable

Life

Surrender or

Other

Withdrawal Fee: \$_____

Is this person receiving regular payments? Yes No

If yes, what is the gross amount? \$_____ per (circle one) Month / Quarter / Other _____

Date benefits began: _____ Effective date of current amount: _____

Deductions from gross amount for medical insurance premiums: \$_____

If no, does the holder receive dividends/interest income? Yes No

Reinvested into account

If yes or reinvested into account, what is the interest rate? _____%

Fixed Variable

If variable, provide current rate.

Is the holder able to withdraw the balance of the annuity/account? Yes No

If yes, what is the amount? \$_____ What is the tax rate? _____%

What is the tax penalty, if any _____

Is the individual reimbursed for medical costs? Yes No

Signature of Agent/Administrator _____

Date _____

Print your name _____

Tel. # _____

Address _____

City

State

Zip

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.