## IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Case	Number:	
	AUTHORIZATION TO DISCLOSE AL (LIFE/HEALTH/DISAB	
TO:		- -
RE:	Name:	-
	Consent is hereby given to you to provide	, or his/her/its authorized
represe	entative, any and all information, written or oral, which	
insuran	nce in which I possess any incidents of ownership. You	are further authorized to communicate (orally or in
writing	s) with any member of said firm, or its representative, for	or the purpose of explaining or disclosing any other
inform	ation requested pursuant to this Authorization.	
	A copy of this Authorization shall have the same force	e and effect as the original.
	This Authorization shall be irrevocable for a period o	f six (6) months from the date of this Authorization
and sha	all thereafter be deemed revoked without further notice.	
DATE:	:	
	OF MISSOURI ) ) ss.	
	Y OF ) ss.	
declared	ON THIS day of, 20, affine that he/she signed the above and foregoing instrument as his/her free	ant personally appeared before me. a Notary Public, and upon oath act and deed.
	IN TESTIMONY WHEREOF, I have hereunto set my hand and af	
		Notary Public
My Com	mission Expires:	

#165 4/97