IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Case Number: _____

AUTHORIZATION TO DISCLOSE ALL INSURANCE INFORMATION (LIFE/HEALTH/DISABILITY/ANNUITY)

TO: _____
_____
_____

RE: Name: _____

Consent is hereby given to you to provide _____, or his/her/its authorized representative, any and all information, written or oral, which he/she/it may request concerning any policy of insurance in which I possess any incidents of ownership. You are further authorized to communicate (orally or in writing) with any member of said firm, or its representative, for the purpose of explaining or disclosing any other information requested pursuant to this Authorization.

A copy of this Authorization shall have the same force and effect as the original.

This Authorization shall be irrevocable for a period of six (6) months from the date of this Authorization and shall thereafter be deemed revoked without further notice.

DATE: _____ _____

STATE OF MISSOURI)
) ss.
COUNTY OF _____)

ON THIS _____ day of _____, 20_____, affiant personally appeared before me. a Notary Public, and upon oath, declared that he/she signed the above and foregoing instrument as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal on the date last above written.

_____
Notary Public

My Commission Expires: _____

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