



## Authorization for the Use and Disclosure of Information – Life Insurance

I hereby authorize Great Western Insurance Company to use and/or disclose the following information about me as described below. **I understand that the information I authorize a person or entity to receive may potentially be re-disclosed and no longer protected by federal privacy regulations.**

Policy/Identification Number: \_\_\_\_\_

\_\_\_\_\_  
*Full name of insured whose information is being requested for use/disclosure*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date of Birth*

1. Persons/class of persons authorized to use or make disclosure of the information: **Great Western Insurance Company staff with appropriate access clearance to use and disclose the applicable information.**
  
2. Name and address of persons/class of persons authorized to receive the information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Specific description of information that may be used/disclosed:
  - \_\_\_ **Personal Information** (such examples may include, but is not limited to, the following: Names of insured member(s), address, social security numbers, policy/certificate numbers, date of birth, employer, prior insurance information, etc.)
  - \_\_\_ **Bank Information** (such examples may include, but is not limited to, the following: Name and address of financial institution, routing/account number, depositor name, withdrawal information such as dates, amounts, and history, etc.)
  - \_\_\_ **Coverage Information** (such examples may include, but is not limited to, the following: Effective date, paid-to date, premium amounts, mode of payment, names and policy/certificate provisions specific to covered member(s), policy/certificate numbers, insured member(s) date of birth(s), etc.)
  - \_\_\_ **Other**, please specify: \_\_\_\_\_
  
4. The information will be used/disclosed for the following purposes (*all* purposes must be listed and described):
  - \_\_\_ **Cash Value amounts, Beneficiary information and/or Owner information**
  - \_\_\_ **Other**, please specify: \_\_\_\_\_
  
5. I understand that I may revoke this authorization at any time by notifying the person/organization providing the information in writing. However, the revocation will not be valid if:
  - a. Great Western Insurance Company or another third party has taken action in reliance on this authorization; or
  - b. this authorization is obtained as a condition for obtaining insurance coverage, other law may provide Great Western Insurance Company with the right to contest a claim under the policy/certificate or the policy/certificate itself.

I understand to revoke my authorization I should send my written revocation request to:

**Great Western Insurance Company**  
**Customer Service Center**  
**P.O. Box 14410**  
**Des Moines, Iowa 50306-3410**

6. This Authorization will expire 24 months (180 days in Arizona and 12 months in Maryland) from the date of signature.

**Fill in the information in the following paragraph ONLY if you are completing this Authorization as a personal representative of the policy/certificate holder and sign and date the completed form.**

I, \_\_\_\_\_, hereby certify and attest that I am the duly authorized personal representative of \_\_\_\_\_, that my relationship to the policy/certificate holder is \_\_\_\_\_, and that I have the lawful authority to enter into this authorization on behalf of the policy/certificate holder. I have read the provisions set forth in this authorization, and agree that Great Western Insurance Company and affiliates may use and/or disclose the aforementioned information for the purpose set forth herein.

**Please enclose a copy of the legal document that shows you are a personal representative for the policy/certificate holder when you return this form.**

\_\_\_\_\_  
*Signature of Individual or Personal Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Individual or Personal Representative*

\_\_\_\_\_  
*Relationship of Personal Representative or  
Authority to Act for the Individual*

***You will be provided a copy of this signed Authorization.***