



## Lovett Financial, Inc.

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### In-Force Authorization

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Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Re: Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_ Product: \_\_\_\_\_

Face Amount: \_\_\_\_\_

To whom it may concern:

I hereby authorize you to release any information by phone, email or fax on the above captioned policy(s) with your company to Lovett Financial, Inc. This includes but is not exclusive to any cash value information as well as in-force illustrations. **A photocopy or faxed copy of authorization shall be as valid as the original.**

Owners Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SS#/Tax ID: \_\_\_\_\_ DOB/Trust Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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