

**Authorization to obtain tax documents.**

I/We \_\_\_\_\_, authorize \_\_\_\_\_, my life insurance advisor or their assistant(s) (“Advisor”), to access and obtain copies of my/our insurance policy tax documents on my/our behalf from any life insurance carrier from whom I/we have purchased insurance for the sole and limited purpose of providing me/us with duplicate copies of those tax documents. And this Authorization shall be their good and sufficient authority for so doing.

In the case of jointly owned policies, this Authorization may be signed in counterparts and each counterpart shall represent a fully executed original as if signed by both parties. Delivery of an executed counterpart to this Agreement by facsimile or in electronic format shall be effective delivery.

An electronic copy of this authorization shall be as valid and binding as an original copy.

I/We understand that this authorization will remain in force and effect until it is revoked by providing written notice to my Advisor.

Signed this \_\_\_ day of \_\_\_\_\_, 202\_

\_\_\_\_\_  
Policy Owner Name:

\_\_\_\_\_  
Policy Owner Name (if: joint)