

Release of customer information authorization form



This form must be completed in its entirety and signed by the Owner or by someone who has legal authority to act on behalf of the Owner (if completed by someone acting under separate legal authority, submit supporting documentation such as the Certification of power of attorney form with this completed form).

Owner's name (first, middle initial, last)

Mailing address

City, State, ZIP

Phone number

Email

List all policies/contracts to which this authorization shall apply: _____

- I understand that this authorization does not require the Company to release information and the Company retains the right to reject this authorization*, or a specific information request by the authorized party and to verify any authorization through Social Security number, tax identification, or other established identifiers.
- I understand that release of information pursuant to this authorization is an exception to the Company's privacy policy and that this exception is made at my express request.
- I understand that this authorization does not permit the authorized party to make any requests to change the Policy/Contract.
- I understand that the authorized party named below is not acting as a representative of or agent appointed with North American Company for Life and Health Insurance® in any capacity.
- I understand that this authorization does not expire and will continue until I cancel this authorization by notifying the Company in writing or upon the death of the Owner.

I hereby release, hold harmless, and indemnify North American from any liability, claims, demands, and causes of action, damages, or expenses resulting from:

1. Any release of information pursuant to this authorization;
2. The unauthorized use of this information by the authorized party;
3. Any guidance or advice provided by the authorized party; and
4. Any actions taken by the authorized party pursuant to this authorization.

I hereby request and authorize North American to release my personal and confidential Policy and/or Contract information for the above-listed Policies/Contracts to the following authorized party via phone, fax, mail, or email:

Authorized individual(s) name (first, middle initial, last) (must be a specific person(s))

Mailing address

City, State, ZIP

Phone number

Email

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Authorized Owner(s) signature	Date (mm/dd/yyyy)
Joint Owner(s) signature (if applicable)	Date (mm/dd/yyyy)

*We reserve the right to reject this Release of customer information authorization form for any agent/representative formerly appointed with our Company.

North American Company for Life and Health Insurance®
NorthAmericanCompany.com
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Annuity Fax: 866-322-7071
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Life Phone: 800-923-3223
Life Fax: 877-208-6136
One Sammons Plaza, Sioux Falls, SD 57193



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