

## Authorization to Obtain Policy Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carrier  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

This letter authorizes Jim Connell Jr., CPA and the staff of Connell Financial Group, LLC, to obtain information from you regarding my life insurance policy, it's current status, and any existing values or projected values. Please accept a fax copy of this authorization and my signature as an original.

Policy Number \_\_\_\_\_  
Policy Owner \_\_\_\_\_  
Policy Insured \_\_\_\_\_

Please mail or fax the following:

1. A current policy illustration detailing all years. If the policy does not run to maturity at current premiums and interest rates, please provide an additional policy illustration that does run to maturity at the required premium level. If policy is variable life, please run illustration with an assumed interest rate of both 6% and 8%.
2. A current policy summary including type of policy, death benefit, cash value, policy cost/tax basis, riders, and current beneficiary.

Please fax to: Jim Connell Jr., CPA  
Fax (315) 484-1250

Or mail them to: PO Box 310  
Camillus, NY 13031

If you have any questions please call Jim Connell Jr., CPA at (315) 488-0901 ext. 302.

Sincerely,

X

\_\_\_\_\_  
Policy Owner Signature

**Please note:** This does not constitute a request for financial information for replacement purposes. This is for informational and review purposes only.

**CFG, LLC - PO Box 310 - Camillus, NY 13031  
(315) 488-0901 Fax (315) 484-1250**