



Liberty Life Assurance Company of Boston
 Service Center - MS 03B
 100 Liberty Way
 Dover, NH 03820
 (800) 451-7065

AUTHORIZATION TO RELEASE CONTRACT INFORMATION

1. OWNER INFORMATION

First Name	Middle Name	Last Name
Street Address	City	State Zip
Telephone Number	Social Security/Tax ID Number	
Contract Number(s)		

2. JOINT OWNER INFORMATION (If applicable)

First Name	Middle Name	Last Name
Social Security/Tax ID Number	Date of Birth	

3. INSURED INFORMATION (If different than owner named in section one.)

First Name	Middle Name	Last Name
Social Security/Tax ID Number	Date of Birth	

4. INFORMATION ASSIGNEE(S)

(Individual(s) authorized to receive contract information. Social Security number and date of birth are used for identification purposes.)

First Name	Middle Name	Last Name
Social Security/Tax ID Number	Date of Birth	

First Name	Middle Name	Last Name
Social Security/Tax ID Number	Date of Birth	

5. AUTHORIZATION TO RELEASE CONTRACT INFORMATION

As the owner(s) of this contract, by signing below, I(we) authorize Liberty Life Assurance Company of Boston (Liberty Life) to release all contract information to the Information Assignee(s) listed in section four. This authorization also allows the Information Assignee(s) to make telephone payment(s) on behalf of the contract payor. Any payment(s) made by the Information Assignee(s) does not change the payor of the contract. This authorization does not allow the designated Information Assignee(s) to initiate any contract changes or exercise any ownership rights.

This authorization will continue in force until the earlier of (a) written cancellation received by Liberty Life's Service Center or (b) Liberty Life discontinues this service. Liberty Life reserves the right to request a new authorization at any time and for any reason. I(We) will indemnify Liberty Life from liabilities and expenses that may incur by acting upon this authorization.

6. SIGNATURE(S)

Contract Owner Signature	Date (mm/dd/yy)
Joint Owner Signature (if applicable)	Date (mm/dd/yy)
Insured Signature	Date (mm/dd/yy)
Joint Insured Signature	Date (mm/dd/yy)
Witness Signature (must be a third party uninterested adult)	Date (mm/dd/yy)