



17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662
Fax: (734) 591-6602

Authorization for Release of Information

I authorize AAA Life Insurance Company to disclose any and all information about the policy or certificate number(s) listed below to the person(s)/organization(s) listed below. I understand that I may revoke this authorization in writing at any time.

Policy/Certificate Number(s):

Name of Authorized Person(s)/Organization(s):

Owner's Printed Name

Signature of Owner

Date

(Not required when personal representative signs on behalf of the owner)

If a personal representative signs this authorization on behalf of the owner, please complete the following:

Personal Representative's Printed Name

Signature of Personal Representative

Date

Relationship to the owner (check one of the following):

- Parent.** If owner is younger than 23 or is an unmarried, full-time college student.
- Legal Guardian, Conservator, or Executor.** Attach legal documentation granting the personal representative the authority to act as the legal guardian, conservator, or executor.
- Power of Attorney.** Attach legal documentation granting the personal representative the authority to act as the attorney-in-fact.

Please fax or mail this completed and signed form to:

AAA Life Insurance Company
17900 N. Laurel Park Dr.
Livonia, MI 48152
Fax: (734) 591-6602