



AUTHORIZATION TO RELEASE CONTRACT INFORMATION

All sections of this form must be completed in order to process your request.

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/ANNUITANT 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	Print Name	Date (mm/dd/yy)
Joint Owner Signature (if applicable)	Print Name	Date (mm/dd/yy)
Witness Signature (Required) (Must be a third party disinterested adult)	Print Name	Date (mm/dd/yy)