

Authorization Form

Date: _____

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Re: Policy # (s): _____

Insured: _____

Owner: _____

Please accept this letter as authorization for the below named agent(s) or agency(ies) to be provided with pertinent information regarding the above policy(ies). This information may include copies of my most recent statements as well as in-force ledgers as needed in order to analyze my policy.

Agent Name(s):

Agency:

_____ Trust Financial Services
147 Columbia Turnpike, Suite 109
Florham Park, NJ 07932
Tel: 973.514.1980
Fax: 973.514.1987

Authorization

I authorize the above named agent(s) and/or agency(ies) to obtain information, including any statements and in-force ledgers needed, to provide me with a current review of the above listed policy(ies).

Printed Name of Insured

Signature of Insured

Date

Printed Name of Policyowner

Signature of Policyowner

Date