

**AUTHORIZATION TO RELEASE POLICY INFORMATION**

To Whom It May Concern:

Please treat any and all inquiries and requests made by Milestone Providers, LLC, and its agents or assigns as if made by me directly. I hereby authorize and request you send Milestone Providers, LLC, any information they may need including information that you would normally restrict to sending me, the policy owner. Toward that end,

We hereby authorize \_\_\_\_\_, the issuer of the life insurance policy no. \_\_\_\_\_ owned by \_\_\_\_\_, insuring the life of \_\_\_\_\_, to release to Milestone Providers, LLC or its agents, assignees, or lawful authorized representative, to my viatical settlement broker, or to the insurance company that issued the policy, any and all requested information concerning the above mentioned policy described herein. This authorization is valid from this date forward during the existence of my agreement with Milestone Providers, LLC and Milestone Providers, LLC, shall have the right for all updates of information as they may request. The authorizing party may revoke this authorization at any time by writing to Milestone Providers, LLC.

\_\_\_\_\_  
Signature of Viator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

**NOTARY**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and Affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

\_\_\_\_\_  
(Signature of Notary Public)  
My Commission Expires: \_\_\_\_\_