

Authorization to Release Information

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY
FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK

SECTION 1 - OWNER

Owner's Name (Last Name, First Name)		Social Security Number	
Legal Address (number and street)		Telephone Number	
City	State	Zip Code	

SECTION 2 - AUTHORIZATION

I, _____, am the owner of a policy issued by Fidelity & Guaranty Life Insurance Company/ Fidelity & Guaranty Life Insurance Company of New York.

By fully completing and signing this form, I authorize Fidelity & Guaranty Life Insurance Company/Fidelity & Guaranty Life Insurance Company of New York to disclose your policy related information to the following person(s) or entity:

Person/Entity Name:

The authorization covers all information pertaining to policy number(s) unless exclusions are listed below:

Policy Number(s):	
Exclusions:	

This authorization shall take effect immediately and shall remain in effect for a period of one (1) year from the date of my signature, unless you revoke or change your authorization. A copy of this authorization may be used in place of the original.

- I understand that this authorization does not authorize the appointee to execute any transactions, on my behalf.
- I understand that the information I am authorizing to be released may contain personal information.
- I understand that I have the right to revoke my authorization in writing at any time, except to the extent that it has been relied on already.

SECTION 3 - REVOCATION - Skip this Section Unless you are Revoking your Authorization to Release Information

<input type="checkbox"/> Check here	I am requesting Fidelity & Guaranty Life Insurance Company/ Fidelity & Guaranty Life Insurance Company of New York to revoke this Authorization for Release of Information
Date:	Owner Signature:

SECTION 4 - SIGNATURE

- The Authorization for Release of Information is required to be notarized before returning to the Company.
- Do not sign this form unless all applicable lines have been completed
- If jointly owned each owner will need to complete a separate form
- If not signed and dated, this authorization will be returned
- If not notarized this authorization will be returned
- This authorization automatically revokes all prior authorizations
- I certify that I have the authority to release this information

RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS AND IF YOU ELECT TO REVOKE YOUR AUTHORIZATION YOU MAY DO SO BY COMPLETING **SECTION 3**.

Owner Signature:	Date:
NOTARY:	

Mailing Address:
Fidelity & Guaranty Life Insurance Company
PO Box 81497
Lincoln, NE 68501

Overnight Deliveries:
Fidelity & Guaranty Life Insurance Company
Fidelity & Guaranty Life Insurance Company of New York
777 Research Drive
Lincoln, NE 68521

Fax:
ATTN Policyholder
Services
1-800-281-5777

Fidelity & Guaranty Life Insurance Company of New York
PO Box 81337
Lincoln, NE 68501