

_____ Management Co Phone: _____ Fax: _____
Address: _____ Email: _____

LIFE INSURANCE VERIFICATION
(Whole Life or Universal Life Policies Only)

TO: _____ RE: _____

SSN: _____

DATE: _____

Please return to Highland Property Management at the address, fax or email above.
Thank you for your prompt response. All information is confidential. Please contact _____ if
you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to
information that is no older than 12 months. There are circumstances which would require the owner to verify information that is
up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

Policy Account #	Cash Surrender Value	Dividend Interest Rate* ("N/A" if no interest)
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____

*Provide amount regardless of whether Individual has chosen to re-invest interest/dividends.

Balance of any outstanding loans against policy/policies: \$ _____

Penalty fee of % of Cash Surrender Value charged to cash in each policy: \$ _____ % _____

NET ASSETS VALUE = Total Cash Values [less] Loan Balances [less] Penalties = \$ _____

Signature Printed Name Date

Address/City/State/Zip

Phone Fax Email

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to
any Department or Agency of the United States as to any matter within its jurisdiction.

1st Request _____ 2nd Request _____ 3rd Request _____