

Mortgage Company Release Authorization

Family Life ManhattanLife Insurance and Annuity Company

Policy Number: _____

Date of Issue: _____

Name of Insured: _____

Mortgage Loan Number: _____
(To be completed by Claimant)

The purpose of this Authorization is to evaluate my claim for insurance benefits.

I, the undersigned, hereby authorize _____ (Mortgage Company Name) to release the requested information concerning me or the above mentioned insured. Such records and information to be released may include, but may not be limited to the following: Loan Origination Date and the Mortgage Payoff Amount.

I understand that when information is used or disclosed pursuant to the authorization, it may be subject to re-disclosure by the Life Insurance Company and may no longer be protected by privacy provisions. This Authorization will remain in effect for a maximum of six (6) months from my date of signature below. I understand that I may revoke this Authorization at any time by sending a written request to the Life Insurance Company at the address listed below.

A photocopy, facsimile copy, or electronic image of this Authorization will be treated in the same manner as the original.

Claimant's Signature

Claimant's Relationship to Insured

Date

Submit Completed Form to:

Claims Department
P.O. Box 925309
Houston, TX 77292-5309

Customer Service Department 1-800-669-9030
www.manhattanlife.com

