Mortgage Company Release Authorization

❑ Family Life   ❑ ManhattanLife Insurance and Annuity Company   ❑ American General Life Insurance
(Administered by ManhattanLife)

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

MORT-AUTH-0509

ManhattanLife™