



## Authorization to Release Information to a Third Party

This form cannot be accepted if not fully complete.

### Section 1 – General Information

Name of owner	Date of Birth	
Address	City	
	State	ZIP code

### Section 2 – Authorization Information

**Select one:**

- Apply to all my American Savings Life Insurance Company products
- Apply to only the following contracts/policies: \_\_\_\_\_

**Designation of Authorization (select one):**

- I elect *or*  I revoke Third Party Authorization.

Name of designated authorized individual	Date of birth of authorized individual	
Relationship to owner	Phone of authorized individual	
Address of authorized individual	City	
	State	ZIP code

### Section 3 – Disclosures

This authorization is not allowed for contracts owned by a company, corporation, church, not-for-profit organization, or partnership.

This authorization does not supercede any Power of Attorney, Guardianship of Conservatorship legal document.

This authorization is not a general or limited power of attorney or a trading authorization and, therefore, does not allow any purchase, sale, or other transaction to be entered into by the identified third-party individual(s) for my benefit with American Savings Life Insurance Company.

The owner has the right to receive a copy of this authorization.

I am the owner of the above listed account(s)/policy(ies)/contract(s) and I authorize American Savings Life Insurance Company to release financial information about the listed account/contract(s) to the designated authorized individual named above for the purpose of obtaining such information to assist me with my financial matters. This authorization does not permit disclosure of any health information about me, including but not limited to my physical health, mental health, benefit or payment information. This authorization does not constitute a release of health information under HIPAA or under any state or federal law.

This authorization will expire and be considered invalid after a period of 24 months, from the date of the owner's signature. This authorization may be revoked at any time upon receipt of a written request signed by the owner, a Power of Attorney, Guardianship of the Estate, Conservatorship, or other Court Order directing a revocation.

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**Section 4 – Acknowledgements and Signatures**

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I understand that American Savings Life Insurance Company reserves the right to refuse, at any time, to act upon this authorization if the requestor is not properly identified. I further understand American Savings Life Insurance Company may modify, suspend, or discontinue the authorization privilege at any time without prior notice to me. I agree this authorization is subject to the administrative policies or rules as American Savings Life Insurance Company shall enact. All terms of this authorization are binding upon my agents, heirs, and assignees.

I agree to indemnify and hold American Savings Life Insurance Company and its subsidiaries harmless against any liability. This form constitutes Written Notice under the terms of the contract.

**If this contract is owned by more than one individual, each owner must sign this form before this authorization becomes effective.**

Signature of owner/assignee/controller <b>X</b>	Date signed
Signature of joint owner/assignee/controller <b>X</b>	Date signed
Signature of witness (non-interested party) <b>X</b>	Date signed

**Mail:**  
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Mesa, Arizona 85203-8849

**Fax:**  
(480) 835-5355