

## POLICY INFORMATION RELEASE AND DATA FORM CHECKLIST

Please fax completed form to: 1-480-786-4045, OR attach to E-mail and send to:  
[service@webfsi.com](mailto:service@webfsi.com)

To Mail, call us first at 1-800-782-2806 for Instructions

**NOTE: Use one form per policy. You do not need to duplicate repeat information.**

Insurance Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Policy # \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

### Policy Owner Authorization Signature (required)

I submit my policy data and information for a free review by an associate under the programs offered on [www.ReissueMyLifeInsurance.info](http://www.ReissueMyLifeInsurance.info). I understand there is no obligation to make changes whatsoever, but agree that if I decide a change is needed after receiving my free report, I will give full consideration of alternatives offered me by associated agents or brokers of Financial Strategies, Inc.

\_\_\_\_\_  
Policy Owner Signature

\_\_\_\_\_  
Date Signed



**We don't need much, but we do need the following so that a full study, including your tax basis can be determined in your free report:**

\_\_\_\_\_ All printouts (illustration of values) that came with your policy.

\_\_\_\_\_ The "Declaration" pages of your policy copied. This is usually the first 3-5 pages. These pages personalize the policy which is mostly generic text after the declaration pages. **WE DO NOT NEED COPIES OF THE GENERIC SECTION!**

\_\_\_\_\_ The last two policy annual reports showing values, premiums paid, etc.

\_\_\_\_\_ If loans are on the policy, your statement on what your plans are for them.

\_\_\_\_\_ Any other information or documents you feel we should review pertaining to the policy.

**Please: Do Not Send Originals To Us!**

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