



**TruStage**<sup>®</sup>

TruStage Financial Group

American Memorial Life  
Insurance Company  
P.O. Box 2730  
Rapid City, SD 57709

## Consent for Release of Information

This Consent for Release of Information allows a policy owner to authorize additional individual(s) to obtain information on a specified policy. Below is the necessary form to authorize another individual to obtain information on the above policy.

Please scan and return your completed, signed form to us by  
Email: [psdocuments@trustage.com](mailto:psdocuments@trustage.com)  
Fax: 1-605-719-0601

You will receive confirmation once we've completed processing your request.

### Consent for Release of Information

**Please be advised that I authorize the following person(s) to receive information on my policy.**

*\*Please note: This is to obtain information only. The named person is not allowed to make policy changes.*

Name(s): \_\_\_\_\_

Relationship to Policy Owner: \_\_\_\_\_

This authorization will remain in effect until revoked (in writing) by the policy owner or owner's Power of Attorney (POA)/Guardian.

Policy Number(s): \_\_\_\_\_

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

Policy Owner's Name: \_\_\_\_\_

Policy Owner's Signature: \_\_\_\_\_

(If POA or Guardian of policy owner please sign as POA or Guardian)

Date: \_\_\_\_\_