

# F&G Annuities & Life

## Authorization to Release Information

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

### INSTRUCTIONS

#### USE THIS FORM TO AUTHORIZE RELEASE OF INFORMATION

Please complete all applicable sections.

If you have questions regarding this form, please call/fax Fidelity & Guaranty Life's Customer Service at 888-513-8797.

#### RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life Insurance  
Company Service Center  
P.O. Box 81497  
Lincoln, NE  
68501-1497



U.S. Mail

Fidelity & Guaranty Life Insurance  
Company Service Center,  
777 Research Drive  
Lincoln, NE  
68521



Overnight

Fidelity & Guaranty Life Insurance Company of New York  
Company Service Center,  
P.O. Box 81337  
Lincoln, NE  
68501-1337



U.S. Mail

### SECTION 1: OWNER

Name: First / Middle Initial / Last		Social Security Number	
		— —	
Owner's Legal Address			
City		State	Zip
Phone Number		Email Address	

Check if new address

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### SECTION 2: AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, am the owner of a policy(ies) issued by Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York.

By fully completing and signing this form, I authorize Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York to disclose my policy related information to the following authorized person(s)/entity(ies):

Authorized Person/ Entity: Name: First / Middle Initial / Last
Additional Authorized Person(s)/Entity(ies): Name: First / Middle Initial / Last (if applicable)

My authorization covers all information pertaining to policy number(s), unless exclusions are listed below:

Policy Number(s):
Exclusions:

This Authorization to Release Information ("Authorization") shall take effect immediately and shall remain in effect for a period of one (1) year from the date of my signature, unless I revoke or change it by completing Section 3 below. A copy of this Authorization may be used in place of the original.

- I understand that this Authorization does not authorize the indicated Authorized Person(s)/Entity(ies) to execute any transactions, on my behalf.
- I understand that the information I am authorizing to be released to the indicated Authorized Person(s)/Entity(ies) may contain personal information.
- I understand that I have the right to revoke my Authorization in writing at any time, except to the extent that it has been relied on already.
- I understand and acknowledge the indicated Authorized Person(s)/Entity(ies) is not an agent of Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York and has no authority, apparent or otherwise, to act on behalf of Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York even if the indicated Authorized Person(s)/Entity(ies) holds out as an insurance agent or other licensed professional in the applicable state.
- I understand and acknowledge that Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York has sole discretion to deny access to policy related information to protect policy owner interests or as otherwise required by law.
- **I HEREBY AGREE TO RELEASE FIDELITY & GUARANTY LIFE INSURANCE COMPANY OR FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK FROM ANY AND ALL LIABILITIES OF ANY NATURE IN CONNECTION WITH THE RELEASE OR WITHHOLDING OF MY POLICY INFORMATION PURSUANT TO THIS AUTHORIZATION.**

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### SECTION 3: REVOCATION

Skip this Section unless you are revoking this Authorization to Release Information.

(check box if applies) I am requesting Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York to revoke this Authorization to Release Information

Owner's Signature	Date

### SECTION 4: SIGNATURE

- This Authorization to Release Information is required to be notarized before returning to Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York.
- **Do not** sign this form unless all applicable lines have been completed.
- If the policy(ies) is jointly owned, each owner will need to complete a separate form.
- If not signed and dated, this Authorization to Release Information will be returned.
- If not notarized, this Authorization to Release Information will be returned.
- This Authorization to Release Information automatically revokes all prior authorizations.
- I certify that I have the authority to release this information.

**RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS AND IF YOU ELECT TO REVOKE THIS AUTHORIZATION TO RELEASE INFORMATION YOU MAY DO SO BY COMPLETING SECTION 3.**

Owner's Signature	Date
Other Required Signature (if applicable)	Date
Notary	Date