

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