

RELEASE FOR INFORMATION

Contract Number: _____ Contract Owner: _____

We have been asked to release information about your contract to a third party. Before we will release any information we need your permission to do so. If you would like for us to give information to this person, please complete and return this form to our office by mail, email or fax. Our fax number is 317-574-2048. The email address is: customerservice@guggenheiminsurance.com

As contract owner, I ask that you release information to:

NAME: _____

ADDRESS: _____

RELATIONSHIP*: _____

DATE OF BIRTH: _____

*Agents please list your agent number _____

OR License #: _____

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct Social Security Number and I am not subject to backup withholding.

I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

By signing below, I hereby authorize Guggenheim Life and Annuity Company to release to the individual(s) listed on this form, any information in connection with the policy or contract as requested. I understand that this release is for contract information only, and all service work to the contract can only be requested by me or my legally appointed representative. I acknowledge that this release will remain in effect until a written request for cancellation or change is received from me. Guggenheim Life and Annuity Company expressly disclaims any and all responsibility that might arise as a result of release of information as requested on this release for information form.

This form dated at _____ on the _____ day of _____, 20____.
City/State

_____ Signature of Owner(s) (if Joint – both must sign)	_____ Owner's Social Security Number or Taxpayer ID Number	(_____) _____ Owner's Telephone Number
_____ Signature of Witness*	(_____) _____ Telephone Number of Witness	_____ Owner's E-mail Address (if available)

*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.