CPS INSURANCE SERVICES

Authorization Form

Insurance Company: _____

Re: Policy # (s): _____

Insured: _____

Insured DOB*: _____ Insured Last 4 Digits of SSN*: _____

Owner: _____

Owner's Address: _____

Please accept this letter as authorization for the below named agent(s) or agency(ies) to be provided with pertinent information regarding the above policy(ies). This information may include copies of my most recent statements as well as in-force ledgers as needed in order to analyze my policy.

Agent Name(s):	Agency:
_____	CPS Insurance Services
_____	2860 Michelle Drive, Suite 150, Irvine CA 92606
_____	949.863.0700 | CPSInsurance.com

Authorization

I authorize the above named agent(s) and/or agency(ies) to obtain information, including any statements and in-force ledgers needed, to provide me with a current review of the above listed policy(ies).

_____
Printed Name of Insured

_____
Signature of Insured Date

_____
Printed Name of Policyowner

_____
Signature of Policyowner Date

*Required by the carrier for verification.

For Internal Use Only. Please remit completed form to CPS Life Sales.