

## **APPENDIX UU. Policy Holder's Authorization to Release Insurance Policy Information to Agent of Record**

### **POLICY HOLDER'S AUTHORIZATION TO RELEASE INSURANCE POLICY INFORMATION TO AGENT OF RECORD**

Pursuant to 36 O.S. § 1435.41(A), an insurer shall provide to any insurance producer authorized to sell life insurance products, whose appointment has been terminated for any reason other than the reasons set forth in 36 O.S. § 1435.13 and who is still the agent of record or servicing agent and has not been replaced by another servicing agent upon termination, information relating to the policy of a person who purchased a product from such producer if the policy holder and the insured have signed the following form authorizing the release of the information.

Policy Holder's Full Name: \_\_\_\_\_

Policy Holder's Address: \_\_\_\_\_

Last four digits of Policy Holder's SSN: \_\_\_\_\_

Type of Insurance Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

### **AUTHORIZATION**

I, (Policy Holder's name) \_\_\_\_\_, hereby authorize and request (Insurance Company Name) \_\_\_\_\_ to release information related to the aforementioned policy to the Producer of record in accordance with 36 O.S. §, 1435.41 (A):

Producer's Name: \_\_\_\_\_

Oklahoma License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Disclosure shall be limited to the following specific types of information: \_\_\_\_\_

Use of this information shall be limited to the following purpose(s): \_\_\_\_\_

I understand that any cancellation or modifications of this authorization must be in writing, and that I have a right to receive a copy of this authorization. A photocopy of this authorization shall be as effective and valid as the original.

This authorization shall remain valid until: \_\_\_\_\_

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

Policy Holder Signature: \_\_\_\_\_

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

Insured's Signature (if Insured is not also the Policy Holder): \_\_\_\_\_

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

[Added at 29 Ok Reg 1281, eff 7-14-12]