

Contract Number _____ Owner's Name _____
(Please Print)

Date of Birth: _____

Dear Policyholder:

We have been asked to release information about your contract/policy to the person shown under "Requester." 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 sign below and return this form to our office by mail or fax. Our fax number is (317) 574-2048.

REQUESTER:

NAME: _____

ADDRESS: _____

RELATIONSHIP*: _____

DATE OF BIRTH: _____

*Agents please list your agent number _____

OR License #: _____

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

By signing below, I hereby authorized Standard Life Insurance Company of Indiana 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 policy/contract information only, and all service work to the policy/contract can only be requested by myself 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. Standard Life Insurance Company of Indiana expressly disclaims any and all responsibility that might arise to you as a result of release of information as requested on this release for information form.

Signature of Owner

Owner's Social Security Number

Signature of Witness

Telephone Number