

Authorization Letter



Date

Name

Address Line 1

Address Line 2

City, ST Zip

RE: Policy Number:

Insured:

Insured SSN#:

Please accept this letter as authorization for Harris-Hersh Financial Services and the individual named below to be provided with pertinent information on the above referenced policy(ies). This information may include copies of my most recent statements as well as in-force ledgers as needed to analyze my policy.

Name

Address

City, ST ZIP

Phone

Rebecca Arevalo

Harris-Hersh Financial Services

1647 Barclay Blvd

Buffalo Grove IL 60089

847-459-8800

Sincerely,

“Owner’s Signature”

Owner’s Printed Name & Title if owned by a trust

(If the policy is owned by a trust, please provide the full name of the trust)

Owner’s SSN# or TIN#

Address Line 1

Address Line 2

City, State Zip