



RELEASE FOR INFORMATION

Contract Number: \_\_\_\_\_

Contract Owner: \_\_\_\_\_  
(Please Print)

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@Standardlifeofindiana.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 OR TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

By signing below, I hereby authorize 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 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. Standard Life Insurance Company of Indiana 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 or Taxpayer ID Number(s)      (\_\_\_\_\_) Owner’s Telephone Number

\_\_\_\_\_  
Signature of Witness\*      Telephone Number of Witness      (\_\_\_\_\_) Owner’s Email Address (if available)

\*The Owner’s signature must be witnessed by an adult.