LIFE INSURANCE INFORMATION RELEASE FORM

Life Insurance Policy Number: _____

Is owned by: _____

Issued by: _____

Insures the life of: _____

I authorize the release to Old Goat Consultants or its designee, any or all information concerning the above policy.

Policy Owner Signature:_____

Type or Print Name: _____

Date: _____

Policy Owner SSN#: _____