

**Liberty Life Assurance Company of Boston**

Structured Settlements, Service Center- MS 03A  
100 Liberty Way Dover, NH 03820  
Phone: (800) 451-7065 Fax: (603) 749-2534

**Authorization to Release Contract Information**

All sections of this form must be completed in order to process your request.

**1. PAYEE INFORMATION**

Name (First, Middle, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_

Residence address (Street, City, State, ZIP) \_\_\_\_\_

Telephone number \_\_\_\_\_ Last 4 digits of Social Security/Tax ID number \_\_\_\_\_

Policy/Contract number(s) \_\_\_\_\_

**2. JOINT PAYEE INFORMATION** (If applicable)

Name (First, Middle, Last) \_\_\_\_\_

Last 4 digits of Social Security/Tax ID number \_\_\_\_\_ Birth Date \_\_\_\_\_

**3. INFORMATION DESIGNEE(S)** (Individual(s) authorized to receive contract information. Social Security/Tax ID number and birth date are used for identification purposes.)

Name (First, Middle, Last) \_\_\_\_\_

Last 4 digits of Social Security/Tax ID number \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Last 4 digits of Social Security/Tax ID number \_\_\_\_\_ Birth Date \_\_\_\_\_

**4. DISCLOSURE**

**Authorization to release contract information** - As the payee(s) of this contract, by signing below, I(we) authorize Liberty Life Assurance Company of Boston (Liberty Life) to release all information related to payments due to me(us) to the Information Designee(s) listed in section three. This authorization does not allow the Information Designee(s) to initiate any contract changes.

This authorization will continue in force until the earlier of (a) the date written cancellation is received by Liberty Life's Service Center; (b) the date Liberty Life discontinues this service; or (c) one year from date signed on this form. Liberty Life reserves the right to request a new authorization at any time and for any reason. I(We) indemnify Liberty Life from liabilities and expenses that may incur by acting upon this authorization.

**5. SIGNATURE(S)**

**X** \_\_\_\_\_  
Payee Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**X** \_\_\_\_\_  
Joint Payee Signature (if applicable) \_\_\_\_\_ Print Name \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature (Required) \_\_\_\_\_ Print Name \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_  
(Must be a third party disinterested adult)