

# Third Party Authorization

- You may have only two authorized people on your account at any given time. Only the Owner(s) may authorize third party contact.
- Use this form to authorize another person to access contract information or to terminate an existing authorization.

For questions or help with this form, call us at **877-253-2323**.  
Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

<b>1 Contract Information (please print clearly)</b>	
Contract Number	
Owner	SSN/TIN
Co-Owner (if applicable)	SSN/TIN
In case we need to contact you about this request	Daytime Phone

<b>2 Third Party(ies)</b>	
<input type="checkbox"/> <b>Yes, I/we</b> authorize the Company to release information about this contract(s) to the person(s) named below. <ul style="list-style-type: none"> <li>I/we understand that the people named on this form will replace any previously named authorized person(s).</li> <li>I/we understand that this authorization applies only to the provision of contract information.</li> <li>I/we understand that the authorized person(s) <b>may not request any financial transactions or data changes to this contract(s).</b></li> <li>I/we understand that the authorized person(s) must pass a security check on each call which will require the authorized person(s) to provide certain owner-specific information.</li> <li>I/we further understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice. In the absence of such termination, this authorization will remain in effect unless and until the Company receives at its administrative office, in a form acceptable to the Company, 1) notice from me/us that such authority has been revoked or 2) acceptable proof of an owner’s death.</li> <li>I fully indemnify and hold harmless the Company and its affiliates from any and all losses, liabilities, claims and costs (including reasonable attorneys’ fees) that the Company may incur as a result of its reliance on this authorization.</li> </ul>	
<input type="checkbox"/> <b>No, I/we</b> no longer authorize the Company to release information about this contract(s) to the person(s) named below.	
Name	Relationship to Owner
Name	Relationship to Owner

**Please proceed to next page for signature requirement.**



<sup>1</sup> Delaware Life Insurance Company is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group1001.  
© 2018 Delaware Life Insurance Company. All rights reserved.

### 3 Signature(s)

**All owners must sign this form.**

I/we acknowledge that I/we have read and agree to the terms and conditions of this authorization.

Owner's Signature

X

Date (mm/dd/yyyy)

Please Print Name Below

Co-Owner's Signature (if applicable)

X

Date (mm/dd/yyyy)

Please Print Name Below

### Contact Us

#### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

#### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

#### By fax

785-286-6118

#### Online

[delawarelife.com](http://delawarelife.com)

#### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT