UNITEDLIFE
INSURANCE COMPANY

REQUEST TO RELEASE INFORMATION TO A NON-OWNER

IF YOU HAVE ALREADY COMPLETED THIS FORM, THERE IS NO NEED TO COMPLETE ANOTHER, UNLESS YOU WISH TO CHANGE THE PERSON(S)

This form is used by the owner of the policy to authorize individuals to obtain information on their policies while the owner is still alive. THIS IS NOT A BENEFICIARY CHANGE FORM.

As stated in our Policy, we do not disclose any non-public personal information about our customers or former customers to non-affiliated third parties, except as permitted by law. To assure security in this regard, at this time it is our policy to disclose information only to the policy owner, his agent or agent's representative(s) and only after proper identification.

However, we do recognize that from time to time you may wish to have certain information about your policy made available to a limited number of others while maintaining security from disclosure to anyone else.

Please list below those individuals (if any) to whom you wish to allow us to disclose information concerning your policy. We would also ask you to provide us with a relationship and a "personal identifier" for each. We will require this personal identifier before any information is disclosed. Personal identifier could be a nickname, SS#, date of birth, federal tax ID, favorite color, etc.

You are hereby authorized to disclose information about my insurance with United Life Insurance Company to:

NAME	RELATIONSHIP	PERSONAL IDENTIFIER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Releasing Information - If more than five authorized individuals, please use a separate sheet of paper to list the names and attach to this form. If the owner of the policy is not an individual, please put the names on the owner's letterhead.

Please print the name(s) of each authorized individual:

_____

_____

_____

_____

_____

Check all that apply*

- ☐ Any authorized individual, when calling by phone, is permitted to receive my policy information verbally.
- ☐ Any authorized individual, when calling by phone, is permitted to receive my policy information in written form.
- ☐ Any authorized individual, when submitting a written request, is permitted to receive my policy information.**

* This authorization can only be rescinded by the owner in writing.

** Please ensure that all authorized individuals sign on the appropriate signature line at the bottom of the form or next to their printed name on an attached sheet.

Signed: _____ Date: _____

Owner's Name (please print): _____ Policy No: _____

(THIS FORM MUST BE SIGNED BY THE POLICYOWNER. Please make a copy of this for your files and mail the original to GLB Customer Service, United Life Insurance Company, PO Box 729, Cedar Rapids, IA 52406-0729.)

We are providing this service to our customers who wish to elect to have security maintained on their policies but recognize the need for limited disclosure to certain individuals. If this is not returned, we will continue our current posture of non-disclosure in compliance with our Privacy Notice. If you have any questions in this regard, please contact our Customer Service Department at 1-800-637-6318.