

**Authorization to Release
Information**

Modern Woodmen of America
1701 1st Avenue
Rock Island, Illinois 61201
1.800.447.9811
www.modern-woodmen.org



Insured/Annuitant's Name

Date of Birth

Certificate(s)

The undersigned Certificate Owner authorizes Modern Woodmen of America (hereinafter referred to as "The Society") to release any and all information concerning the certificate number(s) shown above. This Authorization does not allow the Authorized Party to execute certificate transactions. Only one Authorized Party may be named.

This Authorization is effective when received and acknowledged by Modern Woodmen of America.

The Certificate Owner hereby binds himself/herself along with his/her heirs, estates, successor and assigns, jointly and severally, unto the Society to save, release, discharge, acquit and hold it entirely harmless, from any and all liability, damages, expenses, costs or pecuniary loss of any kind on account of any action taken by the Authorized Party in regard to any certificates of insurance or annuity and further agrees to indemnify the Society for and against any claim, liability or expense arising out of any action by the Society in reliance on this Authorization.

The Authorization will expire at the earliest of:

1. One (1) year from the date this Authorization is signed.
2. Death of the Certificate Owner.
3. Receipt by the Society of proper written revocation of this Authorization.
4. Notice by the Society in its sole discretion that it will no longer acknowledge this Authorization.

Name of Authorized Party	
Authorized Party's Complete Address	
Relationship to Insured/Annuitant	Date of Birth

Signature of Certificate Owner

Telephone Number

Signed and dated this _____ day of _____, 20_____.

