

VERIFICATION OF CASH VALUE OF LIFE INSURANCE

Insurance Company

Insurance Company Address

Re: _____

Dear Sir or Madam:

We are reviewing the eligibility for public assistance of the individual named above. This review is necessary in order to help insure that assistance is provided only to those in need. This person is aware that we are conducting this review and has signed his consent for the release of information.

In order to calculate this person's needs accurately, we must know the cash surrender value of any life insurance owned by this person as of the date indicated and whether he or anyone else can withdraw the cash value. If any policy owned by this person is a participating policy and dividends are paid as dividend accumulations, please indicate the current balance as well. For aid in identification, we have entered on the reverse side of this letter as much information as this person was able to provide.

We are enclosing a stamped self-addressed return envelope for your convenience in returning this form as quickly as possible.

Thank you for your prompt assistance in this important matter.

Sincerely,

Income Maintenance Caseworker

Caseworker Phone Number

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I give my consent for the release of this information.

Signed: _____ FULL NAME: _____

Social Security Number _____

Date of Birth: _____

1. DOES THE PERSON OR FAMILY LISTED ABOVE HAVE ANY OTHER POLICIES WITH YOUR COMPANY? YES NO
IF YES, PLEASE ADD TO THIS FORM.
2. CAN THE POLICY OWNER WITHDRAW THE CV? YES NO
3. CAN ANYONE OTHER THAN THE POLICY OWNER WITHDRAW THE CV? YES NO
IF YES, WHO? _____

Please supply for Each policy in the space provided or attach an additional sheet containing the following information:

Policy Name (s) & Policy Number (s) --- Date (s) Issued---Name (s) of Owner---Name (s) of Insured---Original Face & Cash Value (s) Amounts

Current Face & Cash Value (s) Amounts ---Graduated Cash Value Amounts & Dates---Total Dividend Accumulations & Dates

Total Loan Amount (s) & Dates
