



### **Authorization to Release Information to Agent/Recommender**

I, \_\_\_\_\_, hereby authorize First Catholic  
(Name of Insured)

Slovak Ladies Association ("FCSLA") to release information on my life  
Insurance and annuity certificates that were written by

\_\_\_\_\_ to \_\_\_\_\_  
(Name of Agent(s)/Recommender) (Name of Agent(s)/Recommender)

**This authorization shall remain in effect until changed in writing by the  
owner of the certificate**

The Agent(s)/Recommender(s) shall use the above stated information solely  
to advise me on the status of my life insurance and annuity certificates and for no  
other purposes. I understand that the information released to the  
Agent(s)/Recommender(s) shall be solely used by such Agent(s)/Recommender(s)  
as stated above and shall not be disclosed to any third-party without my prior  
written consent.

Executed as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Owner)

06/03/2025