



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)

From the date of execution of this Release continuing for five (5) years after
the execution of the Release.

The Agent(s)/Recommender(s) shall use the above stated information solely
to advise me on the current 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)

1/3/2020