

Life and Annuity Division

Protective Life and Annuity Insurance Company

Post Office Box 10648

Birmingham, AL 35202-0648

Toll Free: 800-456-6330

Fax: 205-268-3151

**Authorization to Disclose
Policy Information**

Policy Owner(s)			
Policy(s):	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity
Company:			
Policy / Contract No.:			

(If additional space is required, please provide details on back of this form)

In accordance with New York State Insurance Department Regulation No. 60, please furnish the information needed for completing the enclosed alternate New York State Disclosure Statement.

This authorization is valid until revoked by the undersigned in writing.

Policy Owner Signature

Print Policy Owner's Name

Joint Policy Owner's Signature

Print Joint Policy Owner's Name

Street Address

City, State and Zip Code

Date

PLEASE COMPLETE FORM AND RETURN TO THE COMPANY