



# PACIFIC GUARDIAN LIFE

1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814  
(800) 367-5354 • clientrelations@pacificguardian.com

## Authorized Representative Form

Before completing this form, please know:

- Use this form to authorize a third-person to receive information about your policy(ies).

### Section 1: Policy Information (all policies must be owned by the same policyowner)

Policy number(s)			

### Section 2: Ownership Information

**Individual** (or individuals, if the account is co-owned)

Owner - First name	Middle name	Last name
Social Security number	Phone number ( <input type="checkbox"/> Mobile)	Email address
Co-Owner - First name	Middle name	Last name
Social Security number	Phone number ( <input type="checkbox"/> Mobile)	Email address

**Trust, Charity, or Business Entity:**

Print full name of Trust/Charity/Business entity

Date of Trust (mm/dd/yyyy)	Tax ID number of Trust/Charity/Business	
Print - First name	Middle name	Last name
Phone number ( <input type="checkbox"/> Mobile)	Email address	

### Section 3: Prior Authorized Representative(s), whose authorization is to be revoked (if applicable)

Name of Person or Organization	Relationship	Drivers License # or last 4 digits of SSN/TIN
Name of Person or Organization	Relationship	Drivers License # or last 4 digits of SSN/TIN

**Section 4: New Authorized Representative(s) (All fields must be completed)**

Name of Person or Organization	Relationship	Drivers License # or last 4 digits of SSN/TIN
Address	Phone number	Email address
Name of Person or Organization	Relationship	Drivers License # or last 4 digits of SSN/TIN
Address	Phone number	Email address

**Section 5: Limitations on information that can be released**

I understand that I have the right to limit the type of information that the Authorized Representative(s) named in part 4 of this form may receive. I **further understand that by leaving this section blank, I am creating no limitation on the information that may be disclosed to the Authorized Representative(s).**

Authorization Limitations: DO NOT DISCLOSE the type of information indicated below:

- Billing & Payment
- Benefit and Policy Values (Death benefit, premium, values)
- Beneficiary Designations
- Policy Contract Records
- Underwriting Information
- Other: \_\_\_\_\_

**Section 6: Owner's Rights**

I understand that:

- This appointment is based on my own need and Pacific Guardian Life (PGL) does not condition payment or eligibility for benefits on receiving this appointment.
- I may revoke this appointment at any time by giving PGL five (5) business days written notice to the address indicated on the bottom of page 3. If I revoke this appointment, it will not affect any action PGL took prior to processing my written notice of the revocation of a prior Authorized Representative.
- Once my protected information is disclosed to the person or organization I specified in Section 4 of this form, the information in their possession may no longer be protected by privacy laws.
- This appointment does not allow an Authorized Representative to request PGL to release my information to others.
- I may request a copy of this signed form.
- If I have questions about this form, I may contact PGL at 1 (800) 432-3306.

**Section 7: Signature Requirements**

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i> ).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the partnership should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: CFO, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

I, (print policyowner(s) name) \_\_\_\_\_, have read and understand the contents of this form. I authorize Pacific Guardian Life Insurance Co., Ltd. to disclose to the Authorized Representative(s) identified in Section 4 any and all information about the policy(ies) listed in Section 1 except the limited information as indicated in Section 5, and/or to revoke any prior authorization to release information about the policy(ies) listed in Section 1 to the Authorized Representative(s) identified in Section 3. I hereby release Pacific Guardian Life Insurance Co. Ltd. from any and all responsibility and liability that may arise from my appointment and/or revocation of the Authorized Representative(s) and further certify I have the right to release this information without the authorization, approval or permission of any court, person, firm or corporation.

**I declare under penalty of perjury under the laws of the State/Territory of \_\_\_\_\_ and the laws of the United States of America that the foregoing is true and correct.** State\*

**Executed this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_ **at** \_\_\_\_\_, \_\_\_\_\_.

*Day                      Month                      Year                      City\*                      State\**

*\*If you are not currently residing in the United States, the city and state should be the location of your policy's issuance.*

<b>Signature of Owner</b>		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
<b>Signature of Co-Owner</b>		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

**How to submit this form**

**Mail:**

Pacific Guardian Life  
Attn: Client Relations Department  
1440 Kapiolani Blvd., Suite 1700  
Honolulu, HI 96814

**Email:**

clientrelations@pacificguardian.com

**Fax:**

1.800.946.1295

**Pacific Guardian Life is here to help**

You can reach us at 1.800.367.5354. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.