

F U N E R A L  F U N D I N G
OF MICHIGAN

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Insurance Company: _____

Policy Number(s): _____

In reference to the death of _____, who passed away on _____, I (We), _____, being the beneficiary (ies) or responsible party (ies) of funeral expenses of said policy (ies), do hereby authorize the release of life insurance policy information to **FUNERAL FUNDING OF MICHIGAN**, 21421 Hilltop Street, Suite 7, Southfield, MI 48033, for the purpose of burial expenses for the above named person. This information may include beneficiary verification, deceased information and the approximate amount of the life insurance death benefit that I am eligible to receive.

Beneficiary/ Responsible Party Signature

Beneficiary/ Responsible Party Signature

Witness