



Eagle Life Insurance Company®
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Authorization to Release Information to an Immediate Family Member

Please complete and submit this form to allow Eagle Life ("EL") to release information about your annuity contract to a member of your immediate family. For purposes of this form, your immediate family members consist of the following: your legal spouse; your children; your grandchildren; your siblings; your parents; your grandparents; and the children, grandchildren, siblings, parents and grandparents of your legal spouse.

This form does NOT authorize the person you name to take any action on or make any changes to your annuity contract. All contract owners must sign this form. You may not use this form to authorize us to release information to anyone other than an immediate family member. If you would like us to release information to your attorney-in-fact or legal guardian/conservator, who is not your immediate family member, then you must submit your full power of attorney or the letters of guardianship/conservatorship.

This authorization remains in place until you revoke it. You may revoke this authorization at any time by submitting a written request or by calling our home office.

Section 1: Basic Information

Contract Number(s): _____

Owner's Name: _____ Joint Owner's Name: _____
 (if applicable)

Section 2: Authorized Party

Name of Authorized Person: _____
 First MI Last

Street Address City State Zip

Phone Number Date of Birth (MM/DD/YYYY)

Relationship to Owner: _____

Section 3: Authorization

By signing below, I/we authorize EL to release information about my annuity contract to the authorized party named on this form. I understand this authorization will remain in place until I revoke it. I agree to hold harmless and indemnify EL from and against any liability incurred in connection with or as a result of actions taken pursuant to my instructions on this form, including any actions taken prior to receiving and processing a revocation of these instructions.

X
 Signature of Owner Date

X
 Signature of Joint Owner (if applicable) Date