



ACCESS TO INFORMATION

I, _____, owner of policy(ies) _____
(Print name)

_____, give

my permission for the following people to receive ALL information regarding my policy(ies):

Full name	Relationship	SS#
-----------	--------------	-----

Full name	Relationship	SS#
-----------	--------------	-----

Full name	Relationship	SS#
-----------	--------------	-----

Full name	Relationship	SS#
-----------	--------------	-----

Full name	Relationship	SS#
-----------	--------------	-----

I understand that I am responsible for notifying National Farm Life Insurance Company in writing to make any changes to the above. I also understand that ONLY information can be given to these people. They will not have the right to make any changes or requests on the policy.

Printed Name _____

Address _____

Email Address _____

Phone _____

Signature _____

Date _____

1/2024

P.O. Box 1486 • Fort Worth, TX 76101-1486 • 6001 Bridge Street • Fort Worth, TX 76112

817-451-9550 • 800-772-7557 • Fax 817-446-5181

www.americanfarmlife.com • customer_service@nflc.com