



First Security Benefit Life Insurance  
and Annuity Company of New York

FSBL serves as an administrator for Companion Life Insurance Company

## Release of Information Authorization

Attn: Life/Annuity Administration

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-494-0067.

### 1. General Account Information

Contract Number

Name of Annuitant/Insured  
(First) (MI) (Last)

Address

City State Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 8:00am and 7:00pm EST)

### 2. Release Authorization

I authorize the individuals listed below to obtain account values, Policy information and to request fund transfers on my contract/policy.

Name Relationship

Name Relationship

This authorization will remain in effect for 24 months after the date on this request.

You may revoke this authorization at any time by notifying us in writing.

### 3. Signatures

I have read, understand, and authorize the changes requested on this form.

X  
Signature of Annuitant/Insured Date (mm/dd/yyyy)

X  
Signature of Contractowner  
(if different than Annuitant/Insured) Date (mm/dd/yyyy)

X  
Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

X  
Signature of Financial Professional (optional) Date (mm/dd/yyyy)

Variable Universal Life/Variable Annuity issued by Companion Life Insurance Company  
Mail to: First Security Benefit Life • Administrative Office • PO Box 750497 • Topeka, Kansas 66675-0497  
or Fax to: 1-785-368-1772 • Also visit us online at [www.FSBL.com](http://www.FSBL.com)

