

Release of Information

Only the Owner(s) may use this form to authorize release of information to a third party contact to access contract information, or to terminate an existing authorization for release of information. This form does not authorize any third party to make service requests or changes to your contract. Written confirmation of this authorization will be sent to contract holder's address of record. This form is not intended to replace the agent on the contract. If you would like to change the agent, please use the Agent Change Form available on the clearspringlife.com website or contact customer service.

For questions or help with this form, call us at **800-990-7626**.
Throughout this form, "the Company" refers to the issuing company.¹

1 Contract Information (please print clearly)

Contract Number	
Owner	
Joint Owner (if applicable)	
Email Address	Phone Number

2 Authorization for Release of Information/Revocation of authorization for Release of Information

- Yes**, I/we authorize the Company to release verbal information only about the contract(s) listed on this form to the person(s) named below.
- I/we understand that the people named on this form will not replace any previously named authorized person(s).
 - I/we understand that this authorization applies only to verbal contract information and that the authorized person(s) **may not request any changes to this contract(s), request any forms or be provided online account information.**
 - I/we understand that the authorized person(s) must pass a security verification on each call. This security verification involves the authorized person(s) providing certain owner specific information.
 - I/we understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice. Otherwise, this authorization will remain in effect until the Company receives either 1) revocation of authorization for Release of Information in a form acceptable by the company or 2) acceptable proof of an owner's death in a form acceptable to the company.
 - I/we agree to indemnify and hold the Company and its directors, officers and employees harmless from all liabilities and costs, including attorney fees, which it may incur by relying on this authorization.
 - I/we authorize the Company to release verbal information only about the contract(s) listed on this form to the person(s) name below. I/we affirm the following with regard to this authorization:

Name	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Owner
Name	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Owner
Name	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Owner

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.
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2 Authorization for Release of Information/Revocation of authorization for Release of Information (continued)

No, I/we no longer authorize the Company to release information about this contract(s) to the person(s) named below. I/we understand that this selection will remain in effect until the Company receives a new authorization for Release of Information in a form acceptable to the Company for individual(s) named below at its administrative office.

Name	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Owner
Name	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Owner
Name	Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Owner

3 Signature(s)

All owners must sign this form.

I/we acknowledge that I/we have read and agree to the terms and conditions of this authorization.

Owner Signature X	Date (mm/dd/yyyy)
Please Print Owner Name	

Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Joint Owner Name (if applicable)	

Contact Us

By mail
Clear Spring Life and Annuity Company
P.O. Box 80509
Indianapolis, IN 46280-0428

By express mail
Clear Spring Life and Annuity Company
10555 Group 1001 Way
Zionsville, IN 46077

By fax
317-574-2050

By email
customerservice@clearspringlife.com

By phone
Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET