



A Guide to the Insurance Review Program

In order to complete the review program, the following items will need to be completed and faxed to (212) 594-9435.

Steps to complete the program:

1. Complete the information below about the Advisor:

Name of Advisor Submitting Review: _____

Advisor's Phone #: _____ Advisor's E-mail: _____

2. Confirm current premium being paid:

Current Premium: \$_____ Annual Semi Quarterly Monthly

3. Provide a completed copy of the proper Simplicity Red Bank Authorization, depending on policy ownership (Individual, Trust, or Business) for every policy.
4. Provide a copy of the last annual statement and any recent in-force illustrations received.
5. Set proper expectations about the timeliness of the Policy Review Program. You can do your part by thoroughly completing this forms package and returning to Simplicity Red Bank. However, the responsiveness of the carrier will be the primary factor in the timeliness of the completed review program. Most Policy Reviews are completed within 3 weeks but can take much longer depending on the cooperation of the existing insurance carrier. Simplicity Red Bank will turn around all policy review reports within 10 business days of receipt of all information on existing policies.
6. **Fax all of the above forms to (212) 594-9435 or e-mail to PolicyReview@algren.com. You will be notified via e-mail to confirm receipt.**

Simplicity Red Bank
10 Mechanic Street, Suite 140
Red Bank, New Jersey 07701
P: 212.594.9890 F: 212-594-9435



Authorization to Release Information *(Individual)*

Carrier Name: _____ Policy #: _____

Insured #1 Name: _____ M F DOB: _____
Social Security #: _____

Insured #2 Name: _____ M F DOB: _____
Social Security #: _____

****A photocopy of this document shall be valid as the original.***

By my signature below, I hereby authorize the above insurance carrier to release any and all information requested on this policy to Simplicity Red Bank. This shall include but is not limited to: a copy of the complete life insurance contract, including the application for issuance; copies of annual statements and other policy change documents; the "as sold" illustration; current illustrations, and completed policy review questionnaire including current values.

In addition, the insurance carrier's representatives **are authorized to discuss** the above referenced policy with Simplicity Red Bank and/or any of its employees/representatives. This form **does not authorize** Simplicity Red Bank and/or any of its employees/representatives to exercise any other rights of policy ownership. The information released under this authorization should be sent directly to Simplicity Red Bank at:

Fax #: 212-594-9435

This Authorization shall remain valid for the maximum period allowed under applicable state law unless and until such time as I advise the insurance carrier in writing of its revocation.

Owner Name: _____ Owner SS#: _____

Owner Signature: _____ Date (mm/dd/yyyy): _____

Witness Signature: _____ Date (mm/dd/yyyy): _____

Simplicity Red Bank
10 Mechanic Street, Suite 140
Red Bank, New Jersey 07701
P: 212.594.9890 F: 212-594-9435



Authorization to Release Information (Trust)

Carrier Name: _____ Policy #: _____

Insured #1 Name: _____ M F DOB: _____
Social Security #: _____

Insured #2 Name: _____ M F DOB: _____
Social Security #: _____

****A photocopy of this document shall be valid as the original.***

By my signature below, I hereby authorize the above insurance carrier to release any and all information requested on this policy to Simplicity Red Bank This shall include but is not limited to: a copy of the complete life insurance contract, including the application for issuance; copies of annual statements and other policy change documents; the "as sold" illustration; current illustrations, and completed policy review questionnaire including current values.

In addition, the insurance carrier's representatives **are authorized to discuss** the above referenced policy with Simplicity Red Bank and/or any of its employees/representatives. This form **does not authorize** Simplicity Red Bank and/or any of its employees/representatives to exercise any other rights of policy ownership. The information released under this authorization should be sent directly to Simplicity Red Bank at:

Fax #: 212-594-9435

This Authorization shall remain valid for the maximum period allowed under applicable state law unless and until such time as I advise the insurance carrier in writing of its revocation.

Trust Name: _____ Trust Date: _____

Trustee Name: _____ Trust Tax ID: _____

Trustee Signature: _____ Date (mm/dd/yyyy): _____

Additional Trustee Signature: _____ Date (mm/dd/yyyy): _____

Witness Signature: _____ Date (mm/dd/yyyy): _____

Simplicity Red Bank
10 Mechanic Street, Suite 140
Red Bank, New Jersey 07701
P: 212.594.9890 F: 212-594-9435



Authorization to Release Information *(Business)*

Carrier Name: _____ Policy #: _____

Insured #1 Name: _____ M F DOB: _____
Social Security #: _____

Insured #2 Name: _____ M F DOB: _____
Social Security #: _____

****A photocopy of this document shall be valid as the original.***

By my signature below, I hereby authorize the above insurance carrier to release any and all information requested on this policy to Simplicity Red Bank. This shall include but is not limited to: a copy of the complete life insurance contract, including the application for issuance; copies of annual statements and other policy change documents; the “as sold” illustration; current illustrations, and completed policy review questionnaire including current values.

In addition, the insurance carrier’s representatives **are authorized to discuss** the above referenced policy with Simplicity Red Bank and/or any of its employees/representatives. This form **does not authorize** Simplicity Red Bank and/or any of its employees/representatives to exercise any other rights of policy ownership. The information released under this authorization should be sent directly to Simplicity Red Bank at:

Fax #: 212-594-9435

This Authorization shall remain valid for the maximum period allowed under applicable state law unless and until such time as I advise the insurance carrier in writing of its revocation.

Business Name: _____ Tax ID#: _____

Officer Name: _____ Officer Title: _____

Officer Signature: _____ Date (mm/dd/yyyy): _____

Witness Signature: _____ Date (mm/dd/yyyy): _____

Simplicity Red Bank
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Red Bank, New Jersey 07701
P: 212.594.9890 F: 212-594-9435