



INFORMATION RELEASE AUTHORIZATION

March 1, 2019
RICKEY C. FOWLER
BOWIE, TX 76230

You have recently received a benefit payment from Family Heritage Life Insurance Company of America. We are pleased that you saw the importance of our insurance program and decided to provide your family with supplemental financial protection.

The best way to get our message to others is on the recommendation of those who have benefited from our insurance programs. We ask your permission to tell others that a benefit was paid to you and share the information below.

Whether you decide to grant us permission or not will have no effect on the payment or eligibility for benefits of your policy/certificate, its terms or conditions. Thank you for your consideration in helping us help others.

Total Paid: \$45,943.80
Agent Name: Collin Thomas

Coverage Type: Cancer
County:

I hereby give Family Heritage and its insurance representatives my permission to use the facts shown above, together with any writings and comments made by me below, in connection with your sales presentations to prospective customers and in educational and advertising programs.

Signature: Rickey Fowler Date: 03/05/19

Comments: I was very grateful to have this policy in place to help with all the extras you don't think about - hotel stay, gas back and forth, paying for an aide, deductibles, etc. Considering what it cost, it was well worth having and the bonus is that I'm still protected!

(If necessary, please continue on the other side.)

This Authorization may be revoked by written request to Family Heritage, except to the extent that Family Heritage has taken action in reliance on the authorization. The information that is used or disclosed pursuant to this Authorization may be redisclosed by its recipients and may not remain any legal protections. This Authorization may be used for marketing insurance to prospective customers and if those customers purchase insurance, Family Heritage will receive remuneration in the form of premium payments.

This Information Release Authorization may be used through March 1, 2021

Approved

Handwritten initials 'mk' with a checkmark

(440) 922-5151

FAX: (440) 922-5152

P.O. Box 470608 - Cleveland, Ohio 44147-0608