

ASSET VERIFICATION
Whole Life or Universal Life Insurance

TO:

RE:

Name

Social Security Number

FROM:

Thank you for your prompt response. All information is confidential.
Please contact _____
at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

THIS SECTION TO BE COMPLETED BY INSURANCE PROVIDER
(Please answer all questions. Answer N/A if the question doesn't apply.)

Life Insurance Policy Number: _____ Insured individual's name: _____
Owner of the insurance policy: _____

Policy Type: _____ Term _____ Whole Life _____ Universal Life

Is the policy written to be paid upon death to a funeral home: _____ Yes _____ No

If yes, does the applicant/tenant listed above have the right to withdraw any value from the insurance policy or any dividends: _____ Yes _____ No

Surrender or Cash Value of the insurance policy: \$ _____

What is the anticipated rate of gain for the upcoming year? \$ _____ or

What are the expected dividends to be earned in the upcoming year? \$ _____

Provider/Administrator

Signature: _____
Print your name: _____
Title: _____
Address: _____

Date: _____
Tel. #: _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).