



INFORMATION RELEASE AUTHORIZATION
MONEY BACK MATURITY BENEFIT

September 11, 2023
JOHN D. SEWELL
SEMINOLE, TX 79360

You have recently received a benefit payment from Family Heritage Life, a Globe Life Company. 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: \$20,100.00
Name: JOHN D. SEWELL

Coverage Type: Cancer
County: Gaines

I hereby give Globe Life 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: John Sewell **Date:** 10/16/23

Comments: I am so pleased with the visit. I'm very grateful to have the coverage.

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

This Authorization may be revoked by written request to Globe Life, except to the extent that Globe Life 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 retain any legal protections. This Authorization may be used for marketing insurance to prospective customers and if those customers purchase insurance, Globe Life will receive remuneration in the form of premium payments.

This Information Release Authorization may be used through September 11, 2025.

Approved _____