



ADMINISTRATIVE OFFICE
PO BOX 11864
WINSTON-SALEM, NC 27116

OFFICE: 1-833-508-0404 (TOLL-FREE)
FAX: 1-336-759-3141

RELEASE OF INFORMATION FOR POLICY ON RECORD

I, _____, hereby release any information
(Please print full name of policy owner)

about Policy # _____ on the insured _____,
(Please print full name of the insured)

to _____, and by doing so, I release State Mutual
(Please print full name of recipient)

Insurance Company of any and all liability.

Policy Owner Signature

Date

Witness Name
(An adult unrelated to the policy owner)

Witness Signature

Date

Mail to: State Mutual Insurance Company
PO Box 11864
Winston-Salem NC 27116