



COTTON STATES LIFE INSURANCE COMPANY
 244 Perimeter Center Parkway N.E. Atlanta, Georgia 30346
 Mailing Address: P.O. Box 105303 Atlanta, Georgia 30348
 Toll Free: 1-800-457-1657

AUTHORIZATION FOR RELEASE OF INFORMATION

SECTION I

Physician's Name: _____
 Address: _____

SECTION II

I hereby authorize Cotton States Life Insurance Company (the 'Company') to release to the physician designated in Section I, any information, medical or otherwise, the Company has obtained on me through the processing of my application for life insurance.

It is expressly understood and agreed that Cotton States Life Insurance Company shall in no way be held responsible nor incur any liability resulting from or arising out of the release of such information.

DATED AT - CITY: _____ STATE: _____ THIS _____ DAY OF _____ 20 _____

 SIGNATURE

 WITNESS