

LETTER TO PHYSICIAN

Date: _____

Doctor Name: _____

Doctor Address: _____

RE: Patient Name: _____

Social Security/Medical ID#: _____

Dear Sir or Madam:

I am currently working with P&T Financial Co. and their authorized agents in order to sell my life insurance policy. P&T Financial Co. or its designated agents will be contacting you in the near future in order to obtain my medical information.

Please respond promptly to any requests received and provide them with all information requested in order to expedite the processing of my life settlement.

This letter will serve as acknowledgement that I consent to the release of my records and request that this letter be put in my file for future reference, should future release of information be needed by P&T Financial Co.

Thank you for your time and cooperation.

Sincerely,

Insured's Name

Printed Name of Insured