

Dear

In order to determine your eligibility for SNAP, Medicaid, FIP, and Child Care Assistance benefits, we need to verify the value of your annuity. Please sign the attached Release of Information so that we can send it to the annuity company for additional information.

Please return the attached form by \_\_\_\_\_. If you don't, then your benefits may be denied, canceled, or remain closed.

If you have any questions or need more time to get the information, please call me on or before \_\_\_\_\_.

Thank you.

## Annuity Release of Information

I, \_\_\_\_\_, give \_\_\_\_\_ permission to share information about my annuities with the Department of Human Services. I release you from all liability for disclosing this information even if it is considered confidential. This permission stops 90 days after the date of signature.

\_\_\_\_\_  
Client Signature
Social Security Number
Date

To: \_\_\_\_\_ From: \_\_\_\_\_

Date sent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_  
 RE: Policy Number \_\_\_\_\_ Email: \_\_\_\_\_  
 Annuity Owner \_\_\_\_\_

1. Please indicate the date the annuity was established. \_\_\_\_\_
2. Please indicate the type of funds used to establish the annuity
  - An account or trust described in subsection (a), (b), (c), (p) or (q) of section 408 of the United States Internal Revenue Code of 1986.
  - A simplified employee pension (within the meaning of section 408(k) of the United States Internal Revenue Code of 1986).
  - A Roth IRA described in section 408A of the United States Internal Revenue Code.
  - Funds owned by the above named individual.
  - Other: \_\_\_\_\_
3. Please indicate the GROSS amount and frequency of annuity payments as of \_\_\_\_\_
4. Please indicate the portion of the gross payment attributed attributable to:  
 Principal \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_
5. Please indicate any amount withheld from the gross amount and the reason for the withholding.  
 \_\_\_\_\_
6. Can this annuity be cashed in for a lump sum?
  - Yes If yes, list the cash value of the annuity: \$ \_\_\_\_\_
  - No If no, can it be assigned or transferred?  Yes  No
7. Describe the payment terms of the annuity, including guaranteed amounts, deferral or balloon payments. \_\_\_\_\_
8. Does this annuity have remainder beneficiaries?  Yes  No  
 If yes, list the remainder beneficiaries in the first and second positions:

Signature of Person Providing Information	Title
Telephone Number	Date