Iowa Department of Human Services

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:

Date sent: _____

RE: Policy Number _____
Annuity Owner _____

From:
Department Of Human Service
417 E Kanesville BLVD
Council Bluffs, IA 51503
Phone: 877-344-9628
FAX: 515-564-4040
Email: facilities@dhs.state.ia.us

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