AUTHORIZATION TO RELEASE TRUST ACCOUNT INFORMATION

TO:	Alabama Family Trust Corporation	
	100 Centerview Dr., Suite 200, Box 15	
	Vestavia Hills, Alabama 35216	
RE:	AFT Corporation FBO	, Life Beneficiary
Ladi	es and Gentlemen:	
You	are hereby authorized to release all trust portfo	lio information of
the	trust account held in the name of Alaba	ma Family
Trus	t Corporation FBO	, Life
Ben	eficiary, to the following persons and entities:	
Sinc	erely yours,	
Sign	ature of Representative:	
Prin	ted Name of Representative:	_ Date: