

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Proposed Insured (PI): _____ **PI's Date of Birth:** _____

PI's Address: _____ **Med Record # if applicable** _____

Social Security #: _____

Allianz Life of North America	Imperial	North American Co for Life & Health
American General Life Ins. Co	Independent Funding LLC	Phoenix Life
American National	Indianapolis Life	Presidential Life Ins. Co
AVIVA	ING/Reliastar	Principal
AXA Equitable Life Ins. Co	John Hancock Life Ins. Co	Prudential Life Ins. Co
Banner Life Ins. Co	Liberty Life Ins. Co	Standard Insurance Company
Cambridge	Lincoln Benefit Life Ins. Co	Sun Life Ins. Co
Coventry First	Lincoln Life Ins. Co	Transamerica Ins. Co
Credit Suisse	Life Insurance Settlements Inc.	Travelers Life & Annuity
Empire General Life Ins. Co	Massachusetts Mutual Life Ins. Co	Unique Settlements
Fidelity & Guarantee Life Ins. Co	Metropolitan Life Ins. Co	United of Omaha Life Ins. Co
Fortris	Melville Capital	Union Central
Genworth	Minnesota Mutual	West Coast Life Ins. Co
General American Life Ins. Co	New York Life Ins. Co	Western Reserve Life
Hartford Life	Nationawide	

The terms that follow have the respective meanings when used in this Authorization:

INSURANCE SUPPORT ORGANIZATION: Medical Information Bureau, Inc., and/or Consumer Reporting Bureau

BUREAU: Medical Information Bureau, Inc.

AUTHORIZATION: Authorization to Obtain and Disclose Information

I understand that any of the above name companies, or its reinsurers, any insurance support organizations, and those persons authorized to represent them may need to collect information on me in regard to proposed coverage.

Therefore, I authorize any (1) person licensed to provide health care services; (2) hospital; (3) clinic or other medical facility; (4) insurer; (5) reinsurer; (6) insurance support organization; (7) financial source; and (8) employer to furnish the types of information listed below when this Authorization is presented. A copy of this Authorization is as valid as the original. To facilitate rapid submission of such information, I authorize all said sources, except Medical Information Bureau, Inc., to give such records or knowledge to **Sheila Switzer & Associates, APS Retrieval Services, 3420 E. Shea Blvd, #161, Phoenix, AZ 85028. Phone Number is 602-867-0227, Portamedic , 5757 N. 7th St. #201, Phoenix, AZ. 85014; Scantech, 3553 Rider Trail South, Earth City, MO, 63045; Express Imaging Services, 16921 S. Western Ave, #101, Gardenia, CA, 90247 and CPS / Arizona Brokerage Services dba LifeBrokers, 2633 E. Indian School Road, Phoenix, AZ 85016.**

The types of information will include facts about my: (1) mental and physical health, including, but not limited to, information relating to psychiatric, mental illness, sickle cell anemia, alcohol abuse, drug abuse, prescribed drugs, and HIV-related or communicable disease related diagnosis and treatment if any such information exists; (2) other insurance coverage; (3) hazardous activities; (4) character; (5) general reputation; (6) mode of living; (7) finances; (8) occupation; and (9) other personal traits; (10) lab results; (11) chart notes; (12) EKG tracings; (13) path reports; (14) All records for past 5 years.

The companies named above and their reinsurers will use the information in order to determine whether I am insurable. The insurance agency may also use this information to help update and improve my insurance program.

The insurance companies or its reinsurers named above of this Authorization may disclose the information that they have collected to: (1) other insurers to which I have applied or may apply; (2) reinsurers; (3) the Bureau; or (4) other persons who perform business, professional, or insurance tasks for them. I understand that, if this information is disclosed to a third party, the information may no longer be protected by federal privacy regulations and may be re-disclosed by the person or entity that receives the information.

This authorization will be valid for twelve (12) months after the date it is signed (two years in Rhode Island).

I acknowledge that I have received a copy of this Authorization and the Notice to Proposed Insured(s).

I understand that I or my authorized representative may receive a copy of this Authorization.

If a minor child is proposed for coverage, the above statements are made and agreed to by the person authorized to act on the child's behalf.

I understand that I have the right to revoke this authorization at any time except to the extent that the Doctor named above has already taken action in reliance on it. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to the Doctor named above. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Signed at _____ ST _____ this _____ day of _____, 20 _____.

Signature of Proposed Insured

Witness (Agent or Examiner)

Printed name of Proposed Insured

Verified by photo ID? yes _____ no _____

LIFEBROKERS PRIVACY POLICY

In compliance with the Gramm-Leach-Bliley Act ("GLB"), Public Law 106-102 (1999), this notice contains the privacy policy of LifeBrokers, and its affiliated companies.

The GLB Act was enacted to provide greater protection for an individual's private information. This notice is meant to provide you with information regarding how we, as an insurance processing office, use your personal information and what your rights are with regard to your non-public personal information.

In order to provide you with the benefits of life insurance, disability income insurance, long-term care insurance and/or annuities, we need to collect certain non-public information. In fact, the more we understand about you and your needs, the better we can suggest the right policy and/or concept for you. However, we are committed to maintaining the privacy of this information in accordance with the law.

All employees and affiliates of our company with access to personal information about you are required to follow this policy. Our privacy policy applies to all personally identifiable non-public information about you that is obtained in connection with providing you a life insurance, disability income insurance, long-term care insurance and/or annuity policy. Our privacy policy will continue to cover information we may collect about you during the course of your insurance policy as well as after your policy has ended.

The Kind of Information We Collect

When you complete your insurance application form, claim form, or other forms, we typically receive from you the following kinds of information:

- name
- address
- date and location of birth
- marital status
- sex
- social security number
- medical information
- financial information
- medical history information

During the course of our business relationship, we may obtain information about:

- your payment history
- your tax obligations
- your investment preferences

If you correspond with us or transact business through our computer websites, your browser may provide information to us as you interact with us via the internet.

When May We Disclose Your Personal Information

It is our responsibility to meet your expectations for privacy while still providing you with insurance services and products. In order to provide our services to you, your information may be shared with other service providers.

To complete the processing of your insurance application, we may need to provide your non-public information to affiliated and nonaffiliated persons or entities involved in the underwriting, processing, servicing, and marketing of insurance policies.

(Please turn sheet over for balance of statement.)

Our privacy policy does not permit us to provide any nonaffiliated third party with your non-public information unless we have an agreement with the third party that it will protect the confidentiality of your non-public information.

There are times when we are required by law to provide your non-public information to authorized persons or entities. Such occasions include:

- complying with a subpoena or summons by federal, state or local authorities
- responding to judicial process
- responding to regulatory authorities
- other purposes as required by law

We will not disclose any of your non-public personal information to anyone except as permitted or required by law.

Maintaining Security of Your Private Information

We will work to ensure that your non-public personal information remains confidential and secure. To do so, we have established the following procedures to protect against unauthorized access to your personal information:

- The only persons with access to your non-public personal information are those persons who need to know about the information to underwrite, process, service, or market insurance products and services
- We will keep your information physically and electronically secure
- If it comes to our attention that a piece of personal information that we possess may be inaccurate or false we will make a reasonable effort to re-verify its accuracy and correct any error as appropriate

Former Clients

Your non-public personal information is maintained by us on a confidential and secure basis. If we disclose any of your information, it will be for the reasons and under the conditions described in this notice. We do not disclose any non-public personal information about our former clients to anyone except as permitted or required by law.

Further Information

If you have any questions about our privacy policy, please write to:

LifeBrokers
2633 E. Indian School Road
Phoenix, AZ 85016

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