TRUST FINANCIAL SERVICES

YOUR TRUSTED SOURCE FOR LIFE SOLUTIONS

Preliminary Inquiry

Proposed Insured: _____ Soc. Sec. _____

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

The terms that follow have the respective meanings when used in this Authorization:
(1) Authorization: Authorization to Obtain and Disclose Information (2) Insurance Support Organizations: Consumer Reporting Agency.

I understand that the life insurance companies named below, their reinsurer, 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 service (2) hospital (3) clinic or medical facility (4) insurer (5) reinsurer (6) insurance support organization (7) financial source and (8) employer, to give the types of information listed below when this authorization is presented. A copy of this Authorization is as valid as the original. I authorize all said sources to give such records or knowledge to Trust Financial Services. The protected health information is to be disclosed under the Authorization at my request, as permitted by 164.508©(1) (iv) of the Health Insurance Probability and Accountability Act (HIPAA) Privacy Rule.

The types of information will include facts about my: (1) mental and physical health (2) other insurance coverage (3) hazardous activities (4) character (5) general reputation (6) mode of living (7) finances (8) vocation and (9) other personal traits. The life insurance companies named below and their reinsurer will use the information in order to determine whether I am insurable. The insurance agent may also use this information to help update and improve my insurance program. Those parties named in the first paragraph of this Authorization, excluding insurance support organizations, may disclose the information they have collected. They may disclose this information to: (1) other insurers to which I have applied or may apply (2) reinsurer or (3) other persons who perform business, professional, or insurance tasks for them. Insurance support organizations may disclose information according to any contract with a member company or organization. Information may also be disclosed as allowed by law.

Duration: This authorization is effective as of the date signed below and will remain in effect for two years unless revoked sooner.

Revocation: This authorization is subject to written revocation by its signer at any time. The written revocation will be effective upon receipt by the Disclosing Party, except to the extent the Disclosing Party or others have acted in reliance upon this authorization prior to receipt of the revocation.

Re-disclosure: I understand that once health information I have authorized to be disclosed reaches the party(ies) indicated, that person or organization may re-disclose it, at which time it may no longer be protected under privacy laws.

I understand that I or my authorized representatives may request to receive a copy of this Authorization._____ (initial)

I acknowledge receipt of the Notice to Proposed Insured - Parts I and II. _____ (initial)

Signed at: _____this _____ day of _____, 20_____.

Proposed Insured Signature:_____

Witness or Other Authorized Person Signature:_____

Accordia / AIG-American General / Allianz / Allstate Life of NY / American Mayflower / American National / AXA / Banner Life / Bankers Life of NY / Companion Life / Fidelity Life / Genworth Companies / Guardian/ Hartford / ING Companies / Indianapolis Life / John Hancock / Liberty Life / Lincoln Benefit / Lincoln Life / Mass Mutual / Med America / Met Life / Minnesota Life / Mutual of Omaha / National Western / Nationwide / New York Life / North American / Old Mutual Financial Network / Penn Mutual / Phoenix / Principal Life Insurance / Principal National Life Insurance / Protective / PRUCO Life Insurance Company / Prudential Insurance Company of America / Reliastar Life Ins Co / Reliastar Life of NY / SBLI / Securian Life / Sun Life / Sun Life of NY / Symetra / Transamerica / United of Omaha / US Life / VOYA / West Coast Life / Western Reserve / William Penn/Zurich American Life Insurance Co./Zurich American Life Insurance Co. of NY