

Indicate the Company

- National Life Insurance Company
 Life Insurance Company of the Southwest

Tel: 802 229-3333, Fax: 802 229-4726

Informal Inquiry and Authorization Pursuant to Life Insurance

Notice: Prior to our review, a signed authorization from the Proposed Insured must be received at the Administrative/Home Office allowing us access to medical information and records necessary to price this risk. Your agent will supply you with this form separately. Your agent will also supply you with a separate prenotification form to help you understand the underwriting process.

Date: _____ Full Name: _____ Age: _____ Soc. Security No.: _____

Address: *(Street, City, State, Zip Code)*

Date of Birth: _____ Place of Birth: _____ Occupation: _____

Insurance Desired: Kind? _____ Amount: \$ _____ WP? _____ ADB? _____ \$ _____

Has any type of product containing nicotine been used by the Proposed Insured within the last 24 months? Yes No

Total Life Insurance currently in force: \$ _____ Companies: _____

Name of Soliciting Agent: _____ Agent Number: _____ Company regularly represented? _____

Reason for preliminary inquiry?

Proposed Insured's medical and personal history responsible for the presentation of the inquiry: *(Please include name and addresses of physicians/medical facilities consulted, along with dates and details of any medical problems. Use reverse side of this form for Additional Remarks. If you would like you can submit a non med Part B with this form to provide more details.)*

I, the Proposed Insured, authorize any:

- Physician;
- Medical practitioner;
- Hospital;
- Clinic or other medically related facility;
- Insurer or reinsurer;
- The Medical Information Bureau, Inc.;
- Consumer reporting agency; or
- Employer

having information as to:

- Diagnosis, treatment and prognosis of any physical or mental condition of me or any of my minor children on whose life I have applied for insurance; and
- Any non-medical information of me or such minor children;

to give to the Company, or its authorized representative, any and all such information.

This information may be used to determine eligibility for life or health insurance or claims for benefits, and I authorize the Company to release any of this information to:

- The Medical Information Bureau, Inc.;
- Reinsurers; and
- Other life insurance companies in which I have insurance or seek insurance or benefits from.

Informal Inquiry and Authorization Pursuant to Life Insurance - Continued

I authorize the Company to redisclose the information to:

- Any person performing a business or legal function for its benefit;
- An attending physician for diagnostic or treatment purposes;
- Government authorities to prevent insurance related illegal activities;
- Persons conducting medical or statistical studies for the Company;
- Persons having an authorization specifically permitting the redisclosure;

and when required by law.

This authorization shall remain valid for 30 months from the date shown below.

I authorize the Company to obtain an investigative consumer report. I understand that I am entitled to be interviewed by the consumer reporting agency that prepares any such report, as long as I can reasonably be contacted during normal business hours.

I wish to be interviewed if an investigative consumer report is prepared.

I understand I have a right to receive a copy of this authorization. I acknowledge receipt of copies of the prenotifications relating to investigative consumer reports and the Medical Information Bureau, Inc. A copy of this authorization shall be as valid as the original.

Signed at: *(City, State)*

Signature of Proposed Insured:

Date: *(mm/dd/yyyy)*
