

AUTHORIZATION TO RELEASE INFORMATION

American Financial Network LLC or any of the other entities listed below, or their subsidiaries or reinsurers or authorized representatives, any and all such information. I UNDERSTAND that under Federal Regulations I may revoke this authorization as it applies to drug and alcohol abuse treatment at any time; but said revocation will not affect any information that may have been released prior thereto.

I UNDERSTAND that the information obtained by use of this authorization will be used by American Financial Network LLC and the entities listed below, and their subsidiaries and reinsurers, to determine insurability. American Financial Network LLC and the entities listed below, and their subsidiaries and reinsurers, may also release information in their file to other companies to which I may apply for life or health insurance.

I UNDERSTAND that I may request a copy of this form.

I AGREE that a photocopy of this form will be as valid as the original.

This AUTHORIZATION will be valid for 2 years from the date shown below.

American General Life Ins Co Allianz Insurance Group American General Life Insurance Company American Life and Annuity Ins. Co. American National Insurance Company Athene Annuity & Life Assurance Company Assurity Life Insurance Company AXA Financial Banner Life Insurance Company Brighthouse Life Insurance Company Columbian Financial Group Companion Life Ins Co Empire General Life Assurance Corp Equitrust Life Exceptional Risk Advisors, LLC Fidelity and Guaranty Life Ins. Co. Fidelity and Guaranty life ins. Co. of NY Foresters Life Ins & Ann Fort Dearborn Life Gerber Life Ins Co Genworth Life Insurance Company	Global Atlantic Financial Group Guggenheim Life and Annuity Company The Guardian Life Insurance Company of America John Hancock Life Insurance Company Lafayette Life Insurance Company Legacy Planning Partners, LLC Lincoln Financial Group Lloyd's of London Massachusetts Mutual Life Insurance Company Metropolitan Life Insurance Company Mutual of Omaha Minnesota Life National Western Life National Life Group Nationwide New York Life Insurance Company North American Life Old Mutual Life OneAmerica	Pacific Life Insurance Company Penn Mutual Life Insurance Company Principal Life Insurance Company Principal National life Insurance Company Protective Life and Accident Insurance Prudential Insurance Co. Pruco Life Insurance Co. of America Reliastar Life Insurance Co. Reliastar Life Insurance Co. of NY Savings Bank Life Ins Co of MA Security Life of Denver Insurance Co. Security Mutual Life Ins Co of NY StanCorp Financial Group, Inc. Symetra Life Insurance Company Transamerica Insurance & Investment Group United Home Life Ins Co Unum Life Insurance Company William Penn Life Ins Co of NY Western Reserve Life Welcome Funds Zurich American Life Insurance Company
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NOTICE TO PROPOSED INSURED

In connection with your informal inquiry about insurance, an investigative consumer report may be prepared whereby information is attained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. The inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You may request to be interviewed in connection with preparation of this report. If a report is made, you may request the name, address and telephone number of the consumer reporting agency from whom you may request a copy of the report.

Information regarding your insurability will be treated as confidential. The life insurance companies listed in this notice or their reinsurers may, however, make a brief report thereon to the Medical Information Bureau, Inc. a non-profit membership organization of life insurance companies, which operates an informational exchange bureau on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage or a claim of benefits is submitted to such company, the bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of the request from you, the bureau will arrange disclosure of any information it may have in your file. NOTE: (medical information will be disclosed only to your attending physician) If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, Tel. (617)426-3660.

The companies listed in this notice or their reinsurers may also release information in their files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

CLIENT NAME PRINTED:	Social Security#:	DOB:
CLIENT SIGNATURE:		DATE:
CLIENT NAME PRINTED:	Social Security#:	DOB:
CLIENT SIGNATURE:		DATE: