Advisors Financial Group, Inc. (AFG) and Insurance Designers of America, LLC (IDA)
5904 Six Forks Road, Suite 105 - Raleigh, NC 27609 - (919) 844-1777

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize any physician, health plan, medical practitioner, medical care provider, psychologist, chiropractor, physical therapist, hospital, nursing home, mental health facility, rehabilitation or ambulatory care center, medical clinic, laboratory, pharmacy, Pharmacy Benefit Manager, treatment facility, insurer, insurance support organization, service provider, Kaiser Permanente, financial institution, consumer credit reporting agency, certified public accountants and tax preparers, educational institution, Federal, State, or Local Governmental Agency, including the Social Security Administration, Veterans Administration, or Workers Compensation Board, an authorized medical officer of a United States Government facility, law enforcement agencies, state and local tax agencies, or other medical or medically related facility, specifically including those persons/organizations listed above, to give or disclose my entire medical record and any other protected health information, or other personal, private, or privileged information concerning me for the past 10 years to Advisors Financial Group (AFG), Insurance Designers of America (IDA), the insurance companies listed below (and their affiliated companies), its agents, employees, vendors or representatives.

Abacus Settlements, LLC
AIG/American General Life
Allianz Life Insurance Company
American National Life Insurance Company
Ameritas Life Insurance Corporation
Assurity Life Insurance Company
AXA-Equitable Life Insurance Company
Banner Life Insurance Company
Brighthouse Financial
Coventry First, LLC
Gerber Life Insurance Company
Global Atlantic Financial Group
Habersham Funding
John Hancock Life Insurance
Lafayette Life Insurance Company
Lincoln National Insurance Company
Longevity Quest
Minnesota Life Insurance Company
Mutual of Omaha Insurance Company
National Guardian Life Insurance Company
National Western Life Insurance Company
Nationwide Mutual Insurance Company
New York Life Insurance Company
North American Company for Life and Health Insurance
One America Company
Oxford Life Insurance Company
Pacific Life Insurance Company
Penn Mutual Life Insurance Company
Principal Life Insurance Company
Protective Life Insurance Company
Prudential Insurance Company of America
Savings Bank Life Insurance Company
Securian Financial Group
Standard Insurance Company
State Life Insurance Company
Symetra Life Insurance Company
Transamerica Life Insurance Company
United of Omaha Life Insurance Company
Voya Financial
Welcome Funds
Zurich Life Insurance Company

I authorize the disclosure of any and all records and information regarding diagnosis, testing, treatment, and prognosis of my physical or mental condition are to be released, including information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection, ARC (Aids-Related Complex) or AIDS, and sexually transmitted diseases and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco; employment information and history, including job duties, earnings, personnel records, and client lists; information on any insurance coverage and claims filed, including all records and information related to such coverage and claims; credit information, including credit reports and credit applications; other financial information, including pension benefits, finances, tax records, and bank records; business transactions including billing, invoice, and payment records; academic transcripts; law enforcement court and military records; and information concerning Social Security benefits, or other disability or workers' compensation benefits, including monthly benefit amounts, monthly payment amounts, entitlement dates, and information from my Master Beneficiary Record. Such information shall be referred to herein collectively as "My Information".

My Information is to be disclosed under this authorization so that AFG and IDA may underwrite any insurance I am or will be applying for through the above-mentioned companies, make an insurance eligibility determination and ascertain a potential risk rating. This authorization shall remain in force for 24 months following the date of my signature below, unless state law imposes a shorter duration.

I understand and acknowledge that any agreements I have made to restrict My Information, including protected health information, do not apply to this Authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, other health care provider, or other entity to release and disclose My Information, including my entire medical record, without restriction.

I understand that I have the right to refuse to sign or to revoke this authorization in writing, at any time, by sending a written request for revocation to Advisors Financial Group at 5904 Six Forks Road, Suite 105 Raleigh, NC 27609, Attention Privacy Official. I understand that a revocation is not effective if any of My Providers have relied on this authorization or to the extent that an insurance company has taken action in reliance on this Authorization or has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information. I understand that if I refuse to sign, alter, or revoke this Authorization AFG and IDA may not be able to process my Underwriting Appraisal. I acknowledge that I have received a copy of this authorization.

Signature of Proposed Insured / Patient	Date of Birth	Last 4 Digits of SSN

Printed Name	Advisor Name	Date