



Authorization Form

This Authorization is HIPPA compliant

Date: _____ Advisor Name: _____ Advisor Phone: (____) _____

Insured Name: _____ Date of Birth: _____

The purpose of this Authorization is to permit MarketShare Financial to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for, and obtaining insurance products and services from, one or more of the insurers or other institutions listed below.

I specifically authorize any physician or other medical practitioner, hospital, clinic, or other health-related facility, medical testing laboratory, insurer, state motor vehicle department, my past or current employer(s), the Social Security Administration and any other organization, institution or person who has information or documentation about me to release such information and documentation to MarketShare Financial and its authorized representatives, along with my advisor and licensed associates. The information and documentation to be released to MarketShare Financial shall specifically include any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition including, but not be limited to, documents relating to my mental and physical health, mental health records, psychotherapy notes, drug/alcohol abuse treatment records, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, any other communicable disease records, genetic testing, general reputation, mode of living, finances, occupation, driving records and other personal traits ("Information").

Additionally, I specifically authorize MarketShare Financial to release any and all Information it receives about me to the companies listed below. I also specifically authorize MarketShare Financial and the companies listed below to release any and all Information about me to their respective reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release any and all Information about me directly to any company listed below, upon such company's request, provided the company is a member of MIB.

This Authorization shall be effective for two (2) years after the date signed below. I understand I have the right to revoke this Authorization at any time by sending a written notice of revocation to MarketShare Financial, 11611 N. Meridian St., Carmel, IN 46032. I understand any action taken in reliance on this Authorization prior to MarketShare Financial's receipt of the written notice of the revocation shall be valid. I also understand any information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I understand execution of this Authorization is voluntary and that I can refuse to sign this Authorization. I understand my refusal to sign this Authorization will not affect my ability to obtain treatment or payment or my eligibility for health care benefits. However, I understand my refusal to sign this Authorization may prevent me from obtaining insurance products or services from one or more of the companies below.

I acknowledge that I have read and understand the above and agree this Authorization was completed prior to my signature. I further agree that a copy of this Authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by MarketShare Financial and/or any third party designated herein.

Proposed Insured's Signature / Guardian or Custodian / Authorized Representative _____ Date _____

Broker / Advisor / Agency / Firm Signature _____ Date _____

- | | | | |
|-------------------------|-----------------------------|----------------------------------|--------------------------------|
| Allianz | Forethought | One America/State Life | Standard Insurance Company |
| Allianz Life of NY | Global Atlantic | Pacific Life | Symetra Life |
| American General/AIG | Illinois Mutual | Petersen International | Transamerica Insurance Company |
| American National | John Hancock of NY | Principal Life Insurance Company | Transamerica of NY |
| American National of NY | John Hancock USA (MAN) | Principal National Insurance | United of Omaha |
| Ameritas | Lincoln National Life | Company | US Life of New York |
| Assurity Life | Lincoln National Life of NY | Protective Life | |
| AXA Equitable | Mutual of Omaha | Protective Life of NY | |
| Banner Life | National Guardian | Prudential Life | |
| Brighthouse Financial | Nationwide | Savings Bank Life Insurance Co. | |
| Columbian Life | North American Company for | Securian | |
| Gerber Life | Life & Health | Security Mutual of NY | |

Other Company: _____ Insured Initials: _____

MarketShare Financial will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured.

*MIB is a not-for-profit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file.

MIB, Inc. PO Box 105 Essex Station, Boston, MA 02112 or call (617) 426-3660