



COLORADO BROKERAGE GROUP

Authorization for Release of Information

For the purpose of obtaining the insurance coverage that I have requested, I hereby authorize **Colorado Brokerage Group, LLC** (the "Representative") and its affiliated agencies, to disclose my personal financial and health information to the insurance companies listed at the bottom of this page and to insurance agents and brokers acting on my behalf with respect to obtaining such insurance coverage.

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided treatment or services to me or on my behalf within the past 10 years ("my Providers") to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") concerning me to the Representative and its staff, affiliated companies and/or entities, insurance companies and their re-insurers. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made with my Providers that restrict disclosure of my medical records and any associated HIPAA protected health information do not apply for purposes of this authorization and I instruct my Providers to release and disclose my entire medical record without restriction to the Representative. I understand that any information that is disclosed pursuant to this authorization may be subject to re-disclosure and no longer covered by certain federal rules governing privacy and confidentiality of health information.

The information contained in these medical and financial records will be held in confidence and may be used only for the purpose of the procurement, or the evaluation or underwriting for the possible procurement, of life, health, long term care, or other insurance products. The contents therein may be reviewed and assessed by a qualified staff consisting of medical directors, underwriters, underwriting assistants, or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of the insurance companies listed at the bottom of this page and their re-insurers as well as the Representative and its staff, employees and affiliated companies.

This authorization shall be valid for twelve (12) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization.

I understand that I may write to the Representative to revoke this authorization and that the revocation will take effect when the Representative receives my written request. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I also understand that, to the extent that other law allows an insurance company listed below to contest a claim under an insurance policy or the insurance policy itself, my revocation of this authorization may not be effective.

I understand that if I refuse to sign this authorization, the Representative may not be able to provide full and complete information about the insurance coverage and its cost that may be available to me. I also understand and acknowledge that each of the insurers listed on this form, or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. I understand that my refusal to sign this authorization will not affect my ability to obtain treatment or payment for services, or my eligibility for health care benefits; provided, however, that if a health care service (e.g, a physical exam) is requested solely for the purpose of creating protected health information to be disclosed to a third party, the health care provider may refuse to provide the service if I do not sign this authorization.

Proposed Insured's Name

Proposed Insured's Signature

Signed and Dated On

At (City, State, Zip Code)

Agent/Witness' Name

Agent/Witness Signature

American General Life Insurance Company, American National Insurance Companies, AXA Equitable Life Insurance Company, Global Atlantic, Accordia Life, Banner Life Insurance Company, Coventry First, Genworth Financial Family of Companies, ING USA Annuity and Life Insurance Company, John Hancock, Legal & General America, Liberty Mutual, Liberty Life Assurance Company of Boston, Lincoln Financial Group, MassMutual Financial Group, Metropolitan Life Insurance Company and MetLife Investors USA Insurance Company and their affiliates, Minnesota Life Insurance, Mutual of Omaha Insurance Companies, Nationwide Life, One America, Pacific Life, Principal Life Insurance, Principal National Life, Protective Life Insurance Company, Prudential Insurance Company of America, Pruco Life Insurance Company, Pruco Life Insurance Company of New Jersey, ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York, SBLI, Security Life of Denver Insurance Company, State Life, Sun Life Insurance & Annuity Company, Symetra Life Insurance Company, Transamerica Life Insurance Company, U.S. Financial Life Insurance, United of Omaha Life Insurance Company, United States Life Insurance Company in the City of New York, West Coast Life Insurance Company, William Penn Life Insurance Company of New York, Zurich



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NOTICE TO PROPOSED INSURED

In connection with your formal inquiry about insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources or other whom you are acquainted. This report includes information as to your character, general reputation, personal characteristics and mode of living. Upon written request to the life insurance companies listed in this Notice you will be informed whether or not an investigative consumer report was requested, and, if so, you will be advised of the name and address of the consumer reporting agency to which the request was made. The consumer reporting agency, upon request, will furnish information as to the nature and scope of its investigation. You have the right to inspect a copy of any such report by contacting the consumer reporting agency.

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 organization of life insurance companies which operates on informational exchange bureau on behalf of its members. If you apply to another Bureau Member Company for life or health insurance, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request form you, the Bureau will arrange a disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek correction 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. Telephone (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.

NOTICE OF INFORMATION PRACTICES

In the course of properly underwriting and administering your insurance coverage, the listed insurance companies will rely heavily on information provided by you. The companies may also seek information, from others, such as medical professionals that have treated you.

In some situations and in compliance with applicable law, the insurance companies may disclose necessary items of information to third parties without your specific authorization.

You have the right to be told about, and to see a copy, if you wish, of the items of personal information about you which appear in the insurance companies' files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

You have the right to revoke this authorization by sending written request to 90 Madison Street, Suite 600; Denver, CO 80206; Attn: Authorization. Alternatively you may revoke the authorization by sending a written request directly to My Providers.

The above is a general description of the listed insurance companies and your agent's information practices. If you would like to receive a more detailed explanation of these practices, please send your request to:

Colorado Brokerage Group, LLC, 90 Madison Street Suite 600, Denver, CO 80206.

American General Life Insurance Company, American National Insurance Companies, AXA Equitable Life Insurance Company, Global Atlantic, Accordia Life, Banner Life Insurance Company, Coventry First, Genworth Financial Family of Companies, ING USA Annuity and Life Insurance Company, John Hancock, Legal & General America, Liberty Mutual, Liberty Life Assurance Company of Boston, Lincoln Financial Group, MassMutual Financial Group, Metropolitan Life Insurance Company and MetLife Investors USA Insurance Company and their affiliates, Minnesota Life Insurance, Mutual of Omaha Insurance Companies, Nationwide Life, One America, Pacific Life, Principal Life Insurance, Principal National Life, Protective Life Insurance Company, Prudential Insurance Company of America, Pruco Life Insurance Company, Pruco Life Insurance Company of New Jersey, ReliaStar Life Insurance Company, ReliaStar Life Insurance Company of New York, SBLI, Security Life of Denver Insurance Company, State Life, Sun Life Insurance & Annuity Company, Symetra Life Insurance Company, Transamerica Life Insurance Company, U.S. Financial Life Insurance, United of Omaha Life Insurance Company, United States Life Insurance Company in the City of New York, West Coast Life Insurance Company, William Penn Life Insurance Company of New York, Zurich