

### Authorization of Proposed Insured (1) and (2)

I authorize any physician, health care professional, hospital, clinic or other medical or paramedical establishment, as well as any insurance company, the Medical Information Bureau, a credit agency, and any other organization, institution or person that holds records or information pertaining to me or my health status, or pertaining to my children and their health status (when an insurance application on the life of a child is requested) to exchange such records or information with Assumption Life or its reinsurers for underwriting and claims adjudication purposed.

I consent to medical examinations, x-rays, electrocardiograms, blood, urine and saliva tests as may be required to medically underwrite my application or that of my children. I further consent to Assumption Life releasing the results of these tests to its reinsurers, if need be, to my attending physician and to Medical Information Bureau.

I authorize Assumption Life to retain the services of an investigator in order to conduct an investigation on me for underwriting purposes and in the event of a claim. I understand that this investigation may bear on my reputation, health, finances and lifestyle. I understand and accept that in the course of this investigation, my family members, friends and neighbors may be questioned about me.

In the event of a claim, I authorize any coroner, police force and any other agency that holds information regarding my death to communicate such information to Assumption Life and its reinsurers.

I acknowledge that a reproduction of this authorization shall be as valid as the original.

Policy number: \_\_\_\_\_

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Proposed Insureds (father, mother or legal guardian if the Proposed Insured is a minor)

(1) X \_\_\_\_\_ (2) X \_\_\_\_\_

By signing below, the agent attests to the signature of all persons indicated above.

Representative's signature: \_\_\_\_\_ Representative's telephone number: \_\_\_\_\_