

Client authorization allowing access to his/her personal information

(The client can authorize access to his personal information to be granted to his spouse, children or others)

Authorization

I, the undersigned, _____, of _____
(name of owner) *(complete address)*
authorize Assumption Life and my agent _____, to give access to
(name of agent)
_____ to my personal information in the following files : _____
(name of person to whom access is granted and relationship to owner)

Notice to owner

You acknowledge that the person named above will have access to all personal information available in your file at Assumption Life. This may include, but is not limited to, financial information. However, the person named above will not have access to your personal information that is of a medical nature. In addition, no transaction on your accounts will be authorized without your signature.

To revoke at any time the access to your personal information granted to the person indicated above, please call us at 1 800 455-7337 or contact your agent.

Release and commitment (of owner)

In consideration of the authorization for access provided above, the owner hereby releases Assumption Life and its agents from any loss, damages or prejudice that he or she may incur or suffer from in relation to the communication of personal information to the above-mentioned individual and to the subsequent use thereof.

The owner acknowledges that he has read and understood this release and commitment agreement prior to signing below.

Name of owner : _____ Date of birth : _____
Address : _____ Telephone number : _____
Signature of owner : _____ Date : _____

Commitment of person granted access to the personal information

I acknowledge that I will have access to personal information pertaining to the contracts of the owner indicated above. As such, I agree to take all necessary measures to protect the confidential nature of the owner's financial and other information to which I will have access. I further agree to disclose any such information to no party other than the owner.

Signature of person granted access : _____ Date : _____