

Authorization to Disclose Personal Information to My Broker

Proposed Insured's first name:

Proposed Insured's last name:

Policy number:

Proposed Insured's date of birth:

Broker's name:

Broker's code:

Authorization

I authorize Assumption Mutual Life Insurance Company (hereinafter called Assumption Life) to provide my broker and his agency administrative staff with all my personal information pertaining to Assumption Life's underwriting decision to postpone or decline my insurance application or impose a premium surcharge.

I understand that the personal information about my health may be highly sensitive and include results of my paramedical exams, blood profile, urinalysis, electrocardiograms, stress tests or other tests. It may also be information obtained from an Attending Physician Statement in regard to my health (e.g. mental illness, alcohol or drug use), financial situation, work history, criminal offences, or driving violations.

I understand that the information I am asking Assumption Life to share with my broker and his financial agency administrative staff is beyond the scope outlined in my insurance application.

I also understand that my broker can use this information to recommend me an insurance product that may be better suited to my insurance needs or to explain the underwriting decision. I further understand that this personal information may have been unknown to me at the time of completing my insurance application.

I understand that I may revoke this authorization at any time by contacting:
Assumption Life, c/o Underwriting Department, P.O. Box 160, Moncton NB E1C 8L1
Telephone 506-853-6040 or 1-800-455-7337 Fax: 506-853-5459

I understand that this authorization, unless revoked by myself, will remain valid from the date of signing it up to 90 days after Assumption Life makes me an offer, postpones or declines my insurance application.

By signing this authorization form, I certify that I understand and acknowledge the above-mentioned information. A photocopy of this authorization form is as valid as the original.

Signature of the person to be insured (parent or legal guardian if a minor) Date