



For the purposes of obtaining the insurance coverage that I have requested, I authorize any health care provider, not limited to any one type or source, to release all personal medical records, including information concerning communicable diseases such as Human Immunodeficiency Virus (“HIV”) and Acquired Immune Deficiency Syndrome (“AIDS”), chemical and/or alcohol dependency, sexually transmitted diseases, and suicidal or mental disorders/illness, and all other information concerning my health to INDEPENDENT PLANNERS GROUP and to RSA Medical and the insurance companies listed below. I authorize INDEPENDENT PLANNERS GROUP and its affiliated agencies, including but not limited to RSA Medical to disclose my person financial and health information to the insurance companies listed below. This information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, prescription records and history of medications prescribed but excludes psychotherapy notes. I authorize and instruct my insurance providers to release and disclose my entire medical record without delay or restriction to INDEPENDENT PLANNERS GROUP and to RSA Medical.

This personal and protected health documentation is to be released and disclosed to INDEPENDENT PLANNERS GROUP for the purpose of underwriting decision, to obtain insurance, and to authorize other legally permitted actions that relate to coverage I have applied for with any of the insurance institutions named throughout this document.

This document is valid for a period of no longer than 24 months following the date of my signature. If for any reason I wish to terminate this document I may do so in writing to INDEPENDENT PLANNERS GROUP - PO Box 3470 Carefree, AZ 85377-3470. A revocation is not effective if any of my providers have relied on this information or to contest the policy itself. I also comprehend that information disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy.

I acknowledge that any agreements I have made with any of my health care 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 health care providers to release and disclose my entire medical record without restriction to INDEPENDENT PLANNERS GROUP and its staff, affiliated companies and/or entities, including but limited to RSA Medical. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

I agree and understand that I have filed an application with INDEPENDENT PLANNERS GROUP for life insurance, long-term care insurance, disability income insurance, or to secure another financial product or service including life settlements. During this application INDEPENDENT PLANNERS GROUP has asked for underwriting information and medical necessities from the applicant. This information will be provided to and shared with potential underwriters, staff, and internal support for the sole purpose of underwriting. This information may be stored in an electronic database in which internal users may have access for review. This storage of information electronically will allow underwriters and staff to review the stored information real-time for efficient decision-making. Secure measures are always strictly enforced to protect unauthorized user from gaining access to this secure information. However, INDEPENDENT PLANNERS GROUP, its affiliate companies included but limited to RSA Medical, shareholder, staff, or any other associate member of INDEPENDENT PLANNERS GROUP is not liable or responsible if a security breach occurs due to hackers or other persons who gain access. I will hold INDEPENDENT PLANNERS GROUP harmless from any unauthorized access to or use of by any person or company any of the above information.

I have reviewed the companies listed below and understand that any or all of the institutions listed may be used to secure the best insurance or financial offer.

Proposed Insured’s Name	Proposed Insured’s Signature
Signed and Dated On	At (City, State, Zip Code)
Agent/Witness	

- |  |  |   |  |  |
|--|--|---|--|--|
| <ul style="list-style-type: none"> <li>Aetna Life</li> <li>AIG Life</li> <li>Allianz</li> <li>Allstate Life</li> <li>American General</li> <li>American Investors</li> <li>American Mayflower</li> <li>American National</li> <li>Americo</li> <li>Assurity Life</li> <li>Aviva Life</li> <li>AXA</li> <li>Bankers Life and Casualty</li> <li>Banner Life</li> <li>Cincinnati Life</li> <li>Columbus Life</li> </ul> | <ul style="list-style-type: none"> <li>Companion Life</li> <li>Coventry Financial</li> <li>EMC National</li> <li>Equitrust</li> <li>Excelsior Financial</li> <li>Fidelity Life Association</li> <li>Foresters</li> <li>Fort Dearborn</li> <li>Genworth</li> <li>Hartford</li> <li>HSBC</li> <li>Illinois Mutual</li> <li>Indianapolis Life /Aviva</li> <li>ING Companies</li> <li>Integrity Life</li> <li>Jackson National Life</li> </ul> | <ul style="list-style-type: none"> <li>Jefferson Pilot</li> <li>John Hancock</li> <li>Lafayette Life</li> <li>Liberty Life Assurance</li> <li>Life Investors</li> <li>Lifestyle Settlements</li> <li>Life of the Southwest</li> <li>Lincoln Benefit Life</li> <li>Lincoln National</li> <li>Mass Mutual</li> <li>Met Life</li> <li>Minnesota Life</li> <li>Mutual of Omaha</li> <li>NACOLAH</li> <li>National Guardian</li> <li>Nationwide</li> </ul> | <ul style="list-style-type: none"> <li>New York Life</li> <li>Old Mutual Financial</li> <li>Pacific Mutual</li> <li>Penn Mutual</li> <li>Penn Treaty</li> <li>Peoples Benefit</li> <li>Presidential Life</li> <li>Principal Life</li> <li>Protective Life</li> <li>Prudential</li> <li>RBC Insurance</li> <li>Reliastar Life</li> <li>Royal Neighbors</li> <li>SBLI</li> <li>Security Life of Denver Re</li> </ul> | <ul style="list-style-type: none"> <li>Standard Insurance Company</li> <li>State Life</li> <li>Stonebridge Life</li> <li>Sun Life Financial</li> <li>Symetra Life</li> <li>Transamerica</li> <li>Union Central</li> <li>United Home</li> <li>United of Omaha</li> <li>West Coast Life</li> <li>Western Reserve Life</li> <li>William Penn</li> </ul> |
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Other Insurance Company \_\_\_\_\_

# Privacy Policy

## Due Diligence

INDEPENDENT PLANNERS GROUP may collect public, non-public and private personal health and financial information about you, from any or all of the following sources:

1. Information received from your personal application, additional forms and questionnaires.
2. Personal business transactions with the aforementioned institutions and product sponsors.
3. Third Party, non affiliates companies, such as credit reporting agencies.
4. Affiliated and unaffiliated product sponsors in which we have a solicitation agreement with and whose products you may personally own.

## Disclosure of Information

INDEPENDENT PLANNERS GROUP does not share non-public or private information about our past, present, or future clients with any third party except where permitted by law.

INDEPENDENT PLANNERS GROUP will not share any of this information for marketing purposes except where permitted by law.

Examples of third parties in which we would likely share information include but are not limited to:

1. Insurance Institutions, Financial Institutions, Insurance Support Companies and other entities which directly effect and influence purchases and sales of insurance and the maintenance of your personal insurance coverage of accounts.
2. Securities clearing agencies.
3. Third party investment advisory firms with whom we maintain relationships for the management of customer accounts.
4. Regulatory or Federal, State, Municipal authorities.
5. Record keeping companies

## Protection of Information

INDEPENDENT PLANNERS GROUP is determined to uphold and enforce the strictest security measures available today. It is our duty to update these systems periodically. Your information as mentioned above is only available to parties requiring access to process, underwrite, and

service your account. These safeguards are constantly monitored to ensure protection within Federal, State, and Municipal regulations.

## Signature Authorization

I HAVE READ AND COMPLETELY UNDERSTAND THIS DOCUMENT. I HAVE THE RIGHT TO RECIND MY AUTHORIZATION AS DESCRIBED IN PAGE 1, PARAGRAPH 4. I HAVE RECEIVED A COPY OF THIS DOCUMENT. I AGREE THIS DOCUMENT SHALL BE VALID FOR A PERIOD OF TWENTY-FOUR MONTHS (24) FROM THE DATE BELOW.

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Signature of Proposed Insured / Parent or Guardian

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Printed Name of Proposed Insured / Parent or Guardian

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Signed on this date

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City, State

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Date of Birth of Proposed Insured

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Driver's License of Insured

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Address of Insured

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Address of Insured (City, State, Zip)

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Social Security Number of Insured

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Phone Number of Insured

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Best Time to be reached

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Signature of Witness