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## Underwriting Authorization Requirements

Attached is the Independent Planners Group, LLC, underwriting authorization.

Having your client sign this form gives both you and your client the ability to obtain the best offer possible for their individual situation. This authorization gives Independent Planners Group, LLC, the opportunity to present the medical information of a particular case to several different carriers to see how they view the case.

When submitting the underwriting authorization to Independent Planners Group, LLC, without a formal application please be sure to include the following details:

- Client's full name
- Client's date of birth
- Client's social security number
- Client's address, and
- Name, address, and phone number of physician or facility where medical records can be obtained. \*If medical records are ordered directly from the physician or facility by Independent Planners Group, LLC, the agent is responsible for the cost of the records if the case is not placed with a carrier.

When submitting the underwriting authorization to Independent Planners Group, LLC, with a formal application, please be sure to include the following details:

- Contracting for which the company the application is being written, including resident licensing. Also include nonresident licensing and proof of Errors and Omissions if required
- All completed, signed, and dated state required new business forms, and
- Any medical requirements should be ordered by the writing agent.

Independent Planners Group appreciates your business. We strive to provide  
If you have any questions please contact us at 800-496-3572

37417 N. Tom Darlington #2  
PO Box 3470  
Carefree, AZ 85377-3470

800-496-3572  
800-496-3717  
[www.ipg-us.com](http://www.ipg-us.com)

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## Underwriting Authorization

I hereby understand the necessity for personal medical information to be released to facilitate complete and thorough underwriting. Therefore, I authorize any health care provider, not limited to any one type or source, to release all personal medical records, including information related to the diagnosis or treatment of Human Immunodeficiency Virus, sexually transmitted diseases, suicidal or mental disorders, and all other information concerning my health to Independent Planners Group, LLC.

I authorize and instruct my insurance providers to release and disclose my entire medical record without delay or restriction.

This personal and protected health documentation is to be released and disclosed to Independent Planners Group, LLC, for the purpose of underwriting decision, to obtain insurance, and to authorize other legally permitted actions that relate to coverage for which I have applied with any of the insurance institutions named in 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, LLC  
37417 N. Tom Darlington #2  
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 understand that information disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy.

The applicant agrees and understands that the applicant has filed an application with Independent Planners Group, LLC, for life insurance or to secure another financial product or service. During this application Independent Planners Group, LLC, 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 electronic storage of information allows underwriters and staff to review the stored information real-time for efficient decision making. Secure measures are always strictly enforced to protect unauthorized users from gaining access to this secure information. However, Independent Planners Group, LLC, its affiliate company, shareholder, staff, or any other associate member of Independent Planners Group, LLC, is not liable or responsible if a security breach occurs due to hackers or other persons who gain access.

The applicant will hold Independent Planners Group, LLC, harmless from any unauthorized access to or use of by any person or company any of the above information.

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## Privacy Policy

### Due Diligence

Independent Planners Group, LLC, 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-affiliate 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, LLC, 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, LLC, will not share any of this information for marketing purposes except where permitted by law.

Examples of third parties that we would likely share information with include, but are not limited to:

1. Insurance institutions, financial institutions, insurance support companies, and other entities which directly affect 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 forms where we maintain relationships for the management of customer accounts.
4. Regulatory or federal, state, or municipal authorities.
5. Record keeping companies.

### Protection of Information

Independent Planners Group, LLC, 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.

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The insurance carriers represented below uphold the highest degree of security and confidentiality. The applicant has reviewed the companies listed below and understands that any or all of the institutions listed may be used to secure the best insurance or financial offer.

- Aetna Life
- Alliant
- American General
- American Investors
- American Life and Cas
- American Mayflower
- American National
- Assurity
- AXA/Equitable
- Banner Life
- BMA
- Chase Life Insurance Co
- Central National
- Citizens Security
- Cologne Life Re
- Columbus Life
- Companion Life
- Coventry Financial
- EMC
- Empire General
- Equitable of Iowa
- Fidelity Security
- First Colony
- Fort Dearborn
- GE Capital
- Illinois Mutual
- Indianapolis Life/AmerUS
- Life Settlement Alliance
- Life Investors
- Lincoln Benefit Life
- Lincoln National
- Lincoln Ntl Re
- Manulife
- Mass Mutual
- Medamerica
- Met Life
- Mutual of Omaha
- MONY Life
- NACOLAH
- Ntl Guardian
- New York Life
- Old Line Life
- Old Republic
- Pacific Mutual
- Penn Treaty
- People Benefit
- Presidential Life
- Principal Life
- Protective Life
- Prudential
- Physicians Life
- Rumson Capital
- Security Connecticut
- Security Life of Denver Re
- State Life
- Sun Life of Canada
- The Standard
- Transamerica
- Travelers Life & Annuity
- United of Omaha
- Union Central
- US Financial
- West Coast Life
- Western Reserve Life
- Other insurance company:

### Signature Authorization

I have read and completely understand this document. I have the right to recind my authorization as described in page 1, paragraph 3. I have received a copy of this document. I agree this document shall be valid for a period of twenty-four (24) months from the date below.

37417 N. Tom Darlington #2  
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\_\_\_\_\_  
 Signature of Proposed Insured/Parent or Guardian

\_\_\_\_\_  
 Printed Name of Proposed Insured/Parent or Guardian

\_\_\_\_\_  
 Signed on this date

\_\_\_\_\_  
 City State

\_\_\_\_\_  
 Signature of Witness