

<input style="width: 95%; height: 20px;" type="text"/> Policyholder/insured's last name	<input style="width: 95%; height: 20px;" type="text"/> Policyholder/insured's first name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

1. For pricing, underwriting, studies, research and development, regulatory and contractual compliance, the offering of insurance and financial services, and for fraud, error and misrepresentation prevention and detection purposes, I hereby authorize any person, organization or public or parapublic institution holding personal information about me, including healthcare professionals, medical establishments, MIB, Inc., financial institutions, credit rating agencies, insurance and reinsurance companies, personal information agents, investigation or consumer reporting agencies, my employer or my previous employers to disclose this information to the Insurer or to its reinsurers . I further authorize the Insurer and its reinsurers to disclose the personal information they hold to such individuals or organizations, including MIB, Inc., for such purposes.
2. For these same purposes, I authorize the Insurer and its reinsurers to request an investigation report relating to me and to make a brief report to MIB, Inc., providing personal information about my health.
3. This Authorization is also valid with regard to the collection, use and communication of personal information regarding my minor children, insofar as they are concerned by my application.
4. A photocopy of this Authorization is considered as valid as the original.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.



\_\_\_\_\_  
Policyholder/insured's signature



\_\_\_\_\_  
Advisor's signature