

This form authorizes Beneva Inc. to disclose to your advisor, your personal and medical information used in the decision-making.

Policy number Name of financial security advisor Code of financial security advisor

Email address of the advisor

Telephone number of the advisor

Authorization to disclose

- Information provided during the telephone interview or to the paramedical, medical or any other questionnaire;
- Results of medical exams and laboratory analysis;
- History of your driving record or criminal activities;
- History of your alcohol or drug usage;
- Any other personal and confidential information on your health contained in a doctor's report.

Declaration and Signature of the insured

I, _____, confirm that I have read and understood the nature of this authorization and I consent that Beneva Inc. disclose to my advisor the information set out in the "Authorization to disclose" section.

Signed at (city and province) _____

the _____ day of _____ of year _____

Name of the insured

X

Signature of the insured

Name of the owner (requested only if not the insured)

X

Signature of the owner

This authorization will be valid for a period of 30 days following one of the two dates below:

- Date of establishment of a new contract or modification of an existing contract;
- Date of refusal of your insurance proposal.