

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

(This Authorization is intended to comply with HIPAA Privacy Rule)

I understand that the life insurance companies named below, their reinsurers, any insurance support organizations and the authorized representatives of those companies may need to collect information about me in regard to proposed life insurance coverage.

Therefore, I authorize any licensed physician, medical practitioner, psychotherapist, hospital, clinic or other medical or medically related facility, insurance or reinsurance companies, the Medical Information Bureau, Inc., consumer reporting agency, financial sources, employers and any institution or person to furnish to the insurance companies named below the types of information specified in this Authorization upon presentation of this Authorization or a photocopy. To facilitate rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, Inc., to give such records or knowledge to **DUNHILL MARKETING & INSURANCE SERVICES, INC.** California license number **0B01066**.

Classes of Persons Authorized to Receive My Protected Health Information. I authorize each Authorized HCP to disclose my PHI under this authorization to (a) _____ *[insert name of broker]*, (b) any viatical/life settlement provider, (c) any person who may seek to purchase any life insurance policy insuring my life or other insurance product I own, (d) any financing entity of a viatical/life settlement provider, including, but not limited to, any of its underwriters, lenders, purchasers of securities and credit enhancers, (e) any life expectancy provider, (f) any life insurance company that has issued a life insurance policy insuring my life, and (g) any of the respective affiliates, agents, employees, representatives, advisors, successors and assigns of any of the persons or entities covered in the immediately foregoing clauses (a) through (f), inclusive (each, an "Authorized Recipient").

The types of information will include information about my mental and physical health, employment, other insurance coverage, participation in hazardous activities, character, general reputation, mode of living, finances, occupation and other personal characteristics. The information will be used by the insurance companies named below and their reinsurers to determine eligibility for insurance, claims, and by the insurance agent to aid in updating and improving my insurance program.

The information collected may be disclosed to other insurance companies to which I have applied or may apply reinsurance companies, the Medical Information Bureau, Inc., or other persons or organizations performing business, professional, or insurance functions for the insurance companies named below, or as may be otherwise legally allowed. This Authorization will be valid for two years after the date of signing.

I understand that I may request to receive a copy of this Authorization. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company at 2341 5TH Avenue, San Diego, California 92101, Attention: Privacy Official. I understand that a revocation is not effective if any of My Providers has relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

I acknowledge receipt of the Notice to Proposed Insured and Notice of Information Practices.

Signed at _____, _____

City

State

this _____ of _____, _____

Day

Month

Year

SSN _____ DOB _____

Signature of Proposed Insured

Witness

Print Name of Person or Organization Providing Information

DUNHILL MARKETING & INSURANCE SERVICES, INC. REPRESENTS:

21st Services	ING	Peachtree Life Settlements
Advanced Settlements Inc.	Institutional Life Settlement Advisors LLC	Penn Mutual
Abacus Settlements, LLC	John Hancock	Phoenix Life
Allianz Life	Legacy Benefits LLC	Presidential Life
Allstate Life Insurance of NY	Life Asset Group	Principal Financial Group
American General Life Insurance	Life Equity LLC	Protective Life
American Life Group	Lincoln Benefit Life	Prudential
American National	Lincoln Financial Group	Ridge Capital
American Viatical Services	Life Insurance Concepts	Sagicor Life Insurance Co.
Assurity	Life Insurance Settlements	Security Life of Denver
Aviva	Life Policies of America LLC	Settlements for Life, LLC
AXA Equitable	Life Settlement Insights	Standard Life Insurance
Banner Brokerage	Life Settlement Leads, Inc.	Sun Life Financial
Cambridge/Life Ins Concepts	Life Settlement Providers, LLC	TransAmerica
Capital Life	LS Funding, LLC	The Lifeline Program
Coventry First	Maple Life Financial	U.S. Life
Dr. Nathan Harrison	Melville Capital	Union Central
Fidelity Security	Milestone Settlements	United of Omaha
Forethought Financial Group	Monumental Life	Welcome Funds, Inc.
Genworth	MLOA/MONY	West Coast Life
Gateway Financial Distributors	Metropolitan Life	William Penn
Great West Growth LLC	Midwest Medical Review	
Greenwich Settlements	Nationwide Provident	
Guardian	New York Life	
IA American	Pacific Life	