


<input style="width: 95%; height: 20px;" type="text"/> Proposed insured's last name	<input style="width: 95%; height: 20px;" type="text"/> Proposed 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;"> Year Month Day </div>	<input style="width: 100%; height: 20px;" type="text"/> Application or Contract No.

1. The policyholder and the proposed insured authorize the Insurer to disclose to the advisor or to the general agent personal information collected in the application or during the underwriting process that may affect the premium rate or contract issuance. This information generally includes the results of medical or laboratory tests, medical, employment and alcohol or drug consumption history, criminal record, financial information or any other information considered when evaluating the application.
- 2. The Insurer may decide not to disclose this information to the advisor even if this Authorization is signed.**
3. This Authorization will remain valid for 45 days after the contract is issued or a notice that the application was declined has been sent. This Authorization may be cancelled at any time by sending written notice to the Insurer.


Signed at _____ on this _____ day of _____ 20_____.

POLICYHOLDER 1'S SIGNATURE




 Policyholder 1's signature

POLICYHOLDER 2'S SIGNATURE



 Policyholder 2's signature

PROPOSED INSURED'S SIGNATURE



 Proposed insured's signature or his or her legal guardian's signature, if the proposed insured is under age 18 in Quebec or under age 16 outside Quebec.

 Please print the legal guardian's name