


<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: 15px; height: 15px;" type="text"/> / <input style="width: 15px; height: 15px;" type="text"/> / <input style="width: 15px; height: 15px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application No. or Contract No.

1. I hereby authorize any person, organization or public or parapublic institution holding personal information about me, including healthcare professionals, medical establishments, the MIB, Inc., financial institutions, 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 for the purposes of determining my insurability, managing my file and considering my claims. I further authorize the Insurer and its reinsurers to disclose the personal information they hold to such individuals or organizations, including the 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_____.

PROPOSED INSURED'S SIGNATURE

 _____
 Proposed insured's signature (authorized to sign if age 14 or over in Quebec and if age 16 or over outside Quebec)

 _____
 Signature of a parent or legal guardian if proposed insured is a minor

 Please print the parent's or legal guardian's name

ADVISOR'S SIGNATURE

 _____
 Advisor's signature