

Authorization Form



Insured Name: _____ Date of Birth: _____
 Advisor Name: _____ Advisor Phone: (_____) _____ State: _____

The purpose of this Authorization is to permit Ash Brokerage, its affiliates, and its authorized representatives and service providers (collectively "Ash Brokerage") to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for, and obtaining insurance products and services from, one or more of the insurers or other institutions listed below.

I specifically authorize any physician or other medical practitioner, hospital, clinic, or other health-related facility, medical testing laboratory, insurer, state motor vehicle department, my past or current employer(s), the Social Security Administration, companies maintaining my data and any other organization, institution or person who has information or documentation about me to release such information and documentation to Ash Brokerage, its authorized representatives and one or more of the insurers or other institutions listed below. The information and documentation to be released shall specifically include any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition including, but not be limited to, documents relating to my mental and physical health, mental health records, drug/alcohol abuse treatment records, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, any other communicable disease records, genetic testing, general reputation, mode of living, finances, occupation, driving records and other personal traits ("Information").

Additionally, I specifically authorize Ash Brokerage to release any and all Information it receives about me to the companies listed below, my insurance agent(s) and companies or individuals working on behalf of Ash Brokerage. I also specifically authorize Ash Brokerage and the companies listed below to release any and all Information about me to their respective reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB*) to release any and all Information about me directly to any company listed below, upon such company's request, provided the company is a member of MIB. I understand that any party providing or receiving information may pass records through an electric health information exchange or directly through an electronic health records system of the below companies.

This Authorization shall be effective for two (2) years after the date signed below. I understand I have the right to revoke this Authorization at any time by sending a written notice of revocation to Ash Brokerage, 888 S. Harrison St., Ste. 900, Fort Wayne, IN 46802. I understand any action taken in reliance on this Authorization prior to Ash Brokerage's receipt of the written notice of the revocation shall be valid. I also understand any information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I understand execution of this Authorization is voluntary and that I can refuse to sign this Authorization. I understand my refusal to sign this Authorization will not affect my ability to obtain treatment or payment or my eligibility for health care benefits. However, I understand my refusal to sign this Authorization may prevent me from obtaining insurance products or services from one or more of the companies below.

I acknowledge that I have read and understand the above and agree this Authorization was completed prior to my signature. I further agree that a copy of this Authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by Ash Brokerage and/or any third party designated herein and that I may have a copy upon request.

Proposed Insured's Signature / Guardian, Custodian or Authorized Representative - Include Capacity _____ Date _____

Witness Signature	Witness Printed Name	Date
AIG / American General	Foresters	Metropolitan Life Ins. Co. of NY
Allianz	Forethought Life Insurance Co.	Midland National
Allianz Life of NY	Genworth LTC	Minnesota Life
American Equity	Gerber	Mutual of Omaha
American Memorial	Gleaner	National Guardian
American National	Global Atlantic Financial Group	National Integrity Life
American National of NY	Great Western Insurance Company	National Life Group
Americo Financial Life and Annuity Ins.	Guarantee Trust Life	National Western Life
Ameritas	Guggenheim	Nationwide - Provident Mutual
Assurity	Great American	New York Life
Athene Annuity	HealthPiQture	North American
Athene Life of NY	Illinois Mutual	Pacific Life Insurance Company
Banner Life	Impaired Disability Underwriters	Pan-American Life Insurance Company
Brighthouse Life Ins. Co.	Integrity Life	Pan-American Assurance Company
Brighthouse Life Ins Co. of NY	John Hancock LTC	Penn Mutual
Columbian Life Insurance	John Hancock of NY	Petersen International
Columbian Mutual Life	John Hancock USA (MAN)	Phoenix Life Insurance Co.
Companion Life of NY	Kemper	Presidential
Equitable	LabCorp	Presidential Life Disability NY
Equitrust	Lafayette Life	Principal Life Insurance Company
ExamOne	Liberty Life	Principal National Insurance Company
Fidelity & Guaranty	Lincoln National Life	Protective Life
Fidelity & Guaranty of NY	Lincoln National Life of NY	Protective Life of NY
Fidelity Life	Lloyd's of London	Pruco Life Insurance Company
Fidelity Security	MassMutual	Pruco Life Insurance Company of New Jersey

Other Company: _____ Insured Initials: _____

Ash Brokerage will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured.

*MIB is a not-for-profit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file.

Protecting your privacy

Ash Brokerage, LLC and its affiliates (“Ash”) (please see our website for a list of affiliated companies: legal.ashbrokerage.com) support insurance agents in their sale and marketing of insurance products; and, in some cases Ash may be part of transactions directly with end consumers. As part of the process of providing products and/or services, we are committed to protecting your privacy concerning the personal information (“PI”) we collect about you. We do not sell your PI to third parties, but we may share it with third parties as necessary to provide you with the products or services you or your agent request and to administer your business with/through us. This Notice describes our current privacy practices. For as long as we have your PI, we will protect it.

Information we may collect and use

We collect PI about you as part of the services we provide to you and/or your agent. The type of PI we collect depends on the products or services and may include the following:

- Information from you: When you submit applications or other forms, you give us information such as your name, address, Social Security number, date of birth and history concerning financial, health, and employment matters.
- Information about your transactions: We keep information about your transactions, such as the products you buy and the amount you paid for those products.
- Information from other sources: We may collect information from consumer reporting agencies such as your credit history, credit scores, and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.

How we use your personal information

We may share your PI within our company, and with affiliates, insurance companies, insurance support organizations, certain parties to effectuate your transactions and those you have authorized us to share. We or they use this information for identification purposes, to process your requests and transactions, to offer or provide insurance/investment services, to provide customer service, or to analyze in order to enhance our products and services. Information we obtain from reports prepared by service providers may be kept by the service providers and shared with other persons; however, we require our service providers to protect your PI and to use or disclose it only for the work they perform for us, or as permitted by law. When you apply for a product, we may share information about your application with credit bureaus. We also may provide information to regulatory authorities, law enforcement officials and to others when we believe in good faith that the law requires disclosure.

Security of information

We have an important responsibility to keep your information safe. We use physical, electronic and procedural safeguards to protect your information from unauthorized disclosure. Our employees are trained and authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your PI are required to keep it confidential. Employees are trained on the importance of data privacy. When we share PI with third parties for the purposes noted above, we ensure there are contractual restrictions on their use and disclosure of that information.

Your rights regarding your personal information

- Accuracy of Information: We strive for accurate records. Please tell us if you receive any incorrect materials from us or if you feel the PI we have about you is inaccurate, incomplete, or not current by writing to us at the below address. We will correct any inaccurate or outdated information as soon as possible.
- Access: We will tell you what PI we have about you that by law we are required to provide you (“Disclosable PI”). Upon written or phone request, you may see a copy of the Disclosable PI in person or receive a copy by mail or email, whichever you prefer. Please give us 45 business days to prepare. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. For certain state requirements, please see our website: legal.ashbrokerage.com.

Contacting us

If you have questions about this privacy notice, please contact us at:

Ash Brokerage, LLC
Attn: Chief Compliance Officer
888 South Harrison Street, Suite 900
Fort Wayne, IN 46802
(800) 589-3000

**We may change our privacy practices at times. We will give you a revised notice if required by law.*

**Our privacy practices comply with all applicable laws. If a state's privacy laws are more restrictive than those stated in this notice, we comply with those laws.*

**Your agent, consultant or advisor may have a different privacy policy.*

The Nautilus Group[®], A Service of New York Life

Impaired Risk Submission Information



THE
NAUTILUS
GROUP[®]

Date: _____

The Nautilus Group Member Agent: _____

Client Name(s): _____

NYL Policy/Case #: _____ Death Benefit Applied for: \$ _____

Premium Quoted: \$ _____ Rated Premium: \$ _____

NYL Underwriter Name: _____

Underwriter Phone: (_____) _____ Fax: (_____) _____

Underwriter Email: _____

NYL Underwriting Offer: _____

Check Objectives:

Whole Life No-Lapse UL Cash Accumulation UL Term (YRT 5 10 15 20 30)

Replacement or New Coverage / Personal Business Coverage Trust Owned

Is there a 1035 Exchange? Yes No / Estimated Rollover Amount: \$ _____

Any Policy Riders? _____

Premium Tolerance: \$ _____ Number of Years to Pay Premium: _____

Provide NYL illustration (from Broker). This is important for establishing and illustrating offers.

Expected turnaround time: _____

Please send back to your preferred contact (_____) at Ash Brokerage or directly to:

Steve Ziarko

Regional Vice President

m: (734) 718-7520

tf: (800) 589-3000 ext. 7606

File Share Requests:

f: (260) 478-3975

nautilusfileshare@ashbrokerage.com