



AUTHORIZATION FORM

This Authorization is HIPAA compliant

American General
American National Insurance Co.
Approved Med/EMSI
APS Workflow
Aviva
AXA
Banner Life
Brokerage Resources of America
Genworth

ING
John Hancock
Larry Gordon Agency, Inc.
Life Settlement Insights
Lincoln Benefit Life Company
Lincoln Financial Group
Met Life
Minnesota Life
Nationwide

Principal
Protective Life
Prudential
RSA Medical
Sun Life of Canada
Transamerica Life Insurance & Annuity Company
Transamerica Occidental Life
United of Omaha
West Coast Life

Print Name of Proposed Insured:

Date of Birth:

SS#

Driver's License#:

State

The purpose of this Authorization is to permit LARRY GORDON AGENCY, INC. 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 authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided treatment or services to me or on my behalf within the past 10 years ("my Providers") to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") concerning me to LARRY GORDON AGENCY, INC. and its staff, affiliated companies and/or entities, insurance companies and their re-insurers. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made with my Providers that restrict disclosure of my medical records and any associated HIPAA protected health information do not apply for purposes of this authorization and I instruct my Providers to release and disclose my entire medical record without restriction.

I understand that the medical facility listed above may not condition treatment, payment, enrollment or eligibility on my signing this authorization. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.

I understand that the information contained in these records may be used only for the purpose of the procurement, or the evaluation or underwriting for the possible procurement, or life, health, long term care, or other insurance products. In connection therewith, I specifically authorize the companies listed below to receive information from, and to release information to, LARRY GORDON AGENCY, INC.. I also specifically authorize LARRY GORDON AGENCY, INC. and the companies listed below to release information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them.

This Authorization shall be effective for twelve months after the date signed below. I understand that I am entitled to receive a copy of this authorization. I understand that I can revoke this authorization by sending written notice of the revocation to LARRY GORDON AGENCY, INC. 233 NORTH MICHIGAN AVENUE, SUITE 2450, CHICAGO, IL 60601, and that the revocation will take effect when received by LARRY GORDON AGENCY, INC.. Any action taken in reliance on this authorization prior to the notice of the revocation shall be valid. I understand that any information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by certain state and federal rules governing privacy and confidentiality of health information.

I acknowledge that I have read and understand the above authorization. I also understand and acknowledge that each of the insurers listed on this form or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. 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 LARRY GORDON AGENCY, INC. and/or any third party designated herein.

Proposed Insured's Signature/Guardian or Custodian/Authorized Representative

Date

Broker/Agent/Agency/Firm Signature

Date



PRIVACY POLICY

At LARRY GORDON AGENCY, INC., protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to using it responsibly. Because of our commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

Collection of Information

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we received from you on applications, new account forms and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you;
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

Disclosure of Information

We will not share nonpublic personal information concerning our potential, current, or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to effect purchases and sales and allow for the servicing of your account;

- Your agent or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Businesses, such as banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record keeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information

Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within LARRY GORDON AGENCY, INC. Corporation, your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic, and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.