



Authorization to Obtain Information Waiver and Acknowledgement Form

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to give the Insurance or Reinsurance Companies named below any and all such information. 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 Core Income Advisors, LLC.

I UNDERSTAND the information obtained by use of this Authorization will be used by CORE. and/or the Insurance Companies named below to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by CORE. or the Insurance Companies named below to any person or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required.

AIG (American General)	Gradient Life Insurance	One America
Allianz	Jet Stream	Pacific Life
American National	John Hancock	Principal Life
Americo	Life of the Southwest	Protective
Ameritas	Lincoln Financial Group	Prudential
Axa	Mass Mutual	Sagicor
Banner	Minnesota Life	SBLI
Columbus Life	Mutual of Omaha	Securian
CORE	Mutual Trust	State Life Insurance Company
EquiTrust	National Life Group	Symetra
F&G	National Western	Transamerica
Genworth	Nationwide	United of Omaha
Global Atlantic	North American	Zurich

WAIVER AND ACKNOWLEDGMENT:

This Waiver and Acknowledgment (the “Waiver”) has been signed on the date set forth below by the undersigned (the “Applicant”) in favor of CORE its successors, assigns, shareholders, directors and employees.

Applicant acknowledges, understands and agrees as follows:

- that Applicant has filed an application with CORE intending to secure life insurance from one or more insurance underwriters.
- that in the course of applying for life insurance coverage, CORE has asked for and received information concerning Applicant’s medical condition and history, as well as other information that is of a personal and confidential nature.

- that CORE will provide that information, or parts of it, to a number of potential insurers and their agents, employees and representatives.
- that CORE maintains, or will maintain, an electronic data interchange (the “Interchange”) through which certain authorized underwriters and/or other insurance industry representatives (referred to in this Waiver as “Underwriters”) may gain access to information concerning persons either covered by or applying for coverage under insurance policies issued and serviced by those Underwriters.
- that CORE will use the Interchange to store some or all of the confidential and personal information Applicant has provided to CORE, and, therefore, that Underwriters will be able to gain access to that information through the Interchange.
- that the Underwriters will gain access to the Interchange via the Internet or other, similar computer-based telecommunications systems.
- that, even though CORE has in place security measures CORE believes appropriate to protect the Interchange and the information it contains from unauthorized access and use, and even though CORE will continue to upgrade those security measures from time to time as circumstances warrant, CORE can make no guarantee as to SPP/SFN/CPS’s ability to protect the Interchange and the information it contains from unauthorized access by “hackers” or other persons, who, through wrong-ful means, may bypass the security measures protecting the integrity of the Interchange.
- that CORE cannot control the use, dissemination, publishing or interpretation of the information contained in the interchange once that information is gathered by an Underwriter.
- that Applicant will hold harmless from and against any unauthorized access to or use of, by any person or company, any information pertaining to Applicant in CORE’s possession and/or stored on the Interchange.
- that Applicant will indemnify CORE for all costs and expenses incurred by CORE or any of its employees, shareholders, directors, agents or representatives in enforcing this Waiver.
- to revoke my authorization, I must submit a written request. Unless I revoke the authorization earlier, it will expire upon its completion or one year from date of signature, whichever comes first. I understand that, if this information is disclosed to a third party, the information may no longer be protected by the federal privacy regulations and may be re-disclosed by the person or organization that receives the information. I understand the matters discussed on this form. I release the provider, its employees, officers and directors, medical staff members, and business associates information to the extent indicated and authorized herein.
Applicant has evidenced his/her acknowledgement, understanding and agreement with respect to the foregoing by signing this document below.

I ACKNOWLEDGE that I may request to receive a copy of this document.

I AGREE this form shall be valid for one year from the date shown below.

Signed on this date: ____/____/____

City: _____ State: _____

x _____ x _____

Signature of Proposed Insured/Parent or Guardian

Signature of Witness

x _____

Printed Name of Proposed Insured/Parent or Guardian