

Authorization Form

This Authorization is HIPAA compliant



Date: _____ Advisor Name: _____ Advisor Phone: (_____) _____
 Insured Name: _____ Maiden Name: _____ Date of Birth: _____
 SSN: _____ Driver's License #: _____ State: _____

The purpose of this Authorization is to permit 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 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 to Ash Brokerage 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. 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.

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, 7609 W. Jefferson Blvd., Fort Wayne, IN 46804. 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.

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

Broker / Advisor / Agency / Firm Signature _____ Date _____

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|---------------------------|-------------------------------------|---|---|
| Accordia Life | Forethought Life Insurance Co. | MassMutual LTC | Reliance Standard |
| AIG / American General | Genworth Life | MetLife Insurance Company USA | Reliastar - QuintaFlex |
| Allianz | Genworth Life and Annuity Ins. Co. | MetLife DI | Reliastar - Life Insurance Company |
| Allianz Life of NY | Genworth Life Ins. Co of New York | Midland National | Reliastar - Life Insurance Company of NY |
| American Equity | Genworth LTC | Minnesota Life | Savings Bank Life Insurance Co. of MA |
| American Memorial | Gerber | Mutual of Omaha | Securian Life |
| American National | Gleaner | National Guardian | Security Life of Denver Insurance Company |
| American National of NY | Guarantee Trust Life | National Integrity Life | Security Mutual of NY |
| Ameritas | Guggenheim | National Life Group | The Standard |
| Assurity | Great American | National Western | The Standard Life Insurance Company of NY |
| Athene Annuity | Illinois Mutual | Nationwide - Provident Mutual | State Life |
| Athene Life of NY | Impaired Disability Underwriters | New York Life | Symetra |
| AXA Equitable | Integrity Life | North American | Transamerica Insurance Company |
| Banner Life | John Hancock LTC | Petersen International | Transamerica of NY |
| Columbian Life Insurance | John Hancock of NY | Phoenix Life Insurance Co. | United Home Life |
| Columbian Mutual Life | John Hancock USA (MAN) | Presidential | United of Omaha |
| Companion Life of NY | Kemper | Presidential Life Disability NY | Universal Life |
| Equitrust | Lafayette Life | Principal Life Insurance Company | US Life of New York |
| Fidelity & Guaranty | Liberty Life | Principal National Insurance Company | Voya Insurance & Annuity Company |
| Fidelity & Guaranty of NY | Life Insurance Co. of the Southwest | Protective Life | William Penn of NY |
| Fidelity Life | Lincoln National Life | Protective Life of NY | Zurich |
| Fidelity Security | Lincoln National Life of NY | Prudential Insurance Company of America | |

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.

MIB, Inc. 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734 or email infoline@mib.com

Privacy Policy



Protecting your privacy is very important to Ash Brokerage. We are committed to safeguarding the information you provide us and 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 receive 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;
- 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. We will not sell, trade or rent your personal information to any third parties.

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 affect purchases and sales and allow for the servicing of your account;
- Your advisor 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
- Recordkeeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure 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 Ash Brokerage, 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.