



REFERENCE: _____ 1

INSURED'S NAME: _____

DATE OF BIRTH: _____

I hereby authorize any individual or company with information concerning myself, my employment, my state of health or my insurability, namely employers, physicians, hospitals, medical or paramedical clinics, insurance companies and the Medical Information Bureau, to exchange such information to National Bank Life Insurance Company or its administrator. A photocopy of this authorization is as valid as the original

X _____ X

Insured's signature Date (YYYY-MM-DD)

Insurer: National Bank Life Insurance Company.
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