

NATIONAL BANK	REFERENCE:		1
	INSURED'S NAME:		
INSURANCE	DATE OF BIRTH:		
nsurability, namely employers,	physicians, hospitals, medic e such information to Nationa	on concerning myself, my employment cal or paramedical clinics, insurance c I Bank Life Insurance Company or its ac	ompanies and the Medical
	X	Insured's signature	X Date (YYYY-MM-DD)
NATIONAL	REFERENCE:		(2)
NATIONAL BANK	INSURED'S NAME:		(2)
INSURANCE	DATE OF BIRTH:		
nsurability, namely employers,	physicians, hospitals, medic e such information to Nationa	on concerning myself, my employment cal or paramedical clinics, insurance c I Bank Life Insurance Company or its ac	ompanies and the Medical
nsurer: National Bank Life Insurance Company. IM The NATIONAL BANK INSURANCE word ma	ark and logo are trademarks of National Bank	of Canada, used under license by some of its subsidiaries.	FAA4AUTO (2018-12)

NATIONAL BANK INSURANCE

REFERENCE:	3
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

Date (YYYY-MM-DD)

Insurer: National Bank Life Insurance Company,

TM The NATIONAL BANK INSURANCE word mark and logo are trademarks of National Bank of Canada, used under license by some of its subsidiaries.

FAA4AUTO (2018-12)



REFERENCE:	4
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)	