



Authorization to disclose personal information to Advisor(s) (and Agency)

By signing this form, you authorize The Empire Life Insurance Company ("Empire Life") to disclose personal information to your Advisor(s) (and Agency).

Policy number	
Name of Advisor(s)	Advisor code

<p>I authorize: Empire Life to disclose to my Advisor(s) (and Agency) personal information collected on my Application or during the evaluation or underwriting process and that may affect the rating or issuance of the policy, including information relating to:</p> <ul style="list-style-type: none"> ▪ Medical testing or laboratory results; ▪ Illness, diseases, medical conditions, medications, use of drugs or alcohol and/or rehabilitation; ▪ Other health related issues; ▪ Civil or criminal court records; or ▪ Other personal or financial facts. <p>I understand and agree that:</p> <ul style="list-style-type: none"> ▪ I am authorizing Empire Life to release personal information, as described above, to my Advisor(s) (and Agency). ▪ I do not need to sign this form in order to apply for insurance with Empire Life. ▪ I can withdraw or cancel this authorization by writing to Empire Life. ▪ Empire Life can choose not to disclose information to my Advisor(s) (and Agency) even though I have signed this authorization. <p>By signing below, I confirm that I understand and agree to the statements in the sections above and consent to the disclosure of my personal information as described.</p>	
Signature of Life Insured X	Signature of Owner (if not Life Insured) X
Signature of Life Insured X	Signature of Owner (if not Life Insured) X
Signature of Life Insured X	
Signature of Life Insured X	
Signature of Witness X	Date (dd/mmm/yy)