

Authorization to obtain information

Name _____

Date of birth _____

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 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 WMR Insurance Marketing/WMR, Inc

I UNDERSTAND WMR Insurance Marketing/WMR Inc. will use the information obtained by use of this Authorization 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 WMR Insurance Marketing/WMR Inc. or the Insurance Companies named below to any person or organization EXCEPT to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business, life expectancy evaluation or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

Insurance Companies

Allianz Life Insurance Company of New York
American General Life
Accordia-Global Atlantic
American National Insurance Company
Banner Life
First Met Life Investors Insurance Company
John Hancock Life Insurance Company of NY
Lincoln Financial Group
Columbus Life
Mass Mutual
Mutual of Omaha
New York Life
Pacific Life
Principal Life Insurance Company
Protective Life & Annuity Insurance Company
Symetra Life
Transamerica Life Insurance Company
William Penn Insurance Company of NY
United of Omaha
Additional
Companies: _____

Allianz Life Insurance Company of No.America
Lincoln National
Sagicor Life
AXA-Equitable
Companion Life Insurance Company
John Hancock (USA)
Life of the Southwest
Lincoln Life and Annuity of NY
Brighthouse
Minnesota Life
Nationwide
North American Life and Health
Penn Mutual
Principal National Life Insurance Company
Prudential Financial
Transamerica Financial Life Insurance Company
United States Life Insurance of NY
Zurich American Life Insurance Company

Other Entities

21st Services

Brokers Alliance

AUS Underwriting

ISC Services

Life Insurance Settlements

IBU

Abacus Life Settlements

Express Imaging Services/ EIS Processing Center P.O. Box P Torrance, CA 90508

American Viatical Services

Fasano Associates

3Mark Financial

Professional Underwriting Services

Welcome Funds, Inc.

Underwriting Services of America

I KNOW that I may request to receive a copy of this Authorization.

I AGREE this Authorization shall be valid for two years from the date shown below.

Signed this _____ day of _____, 20 _____

X _____
Signature of Proposed Insured/Parent or Guardian

Printed name of Proposed Insured/Parent or Guardian

Date of Birth

Social Security Number

Medical records requested from
Medical Facility or doctor

Date range of records request

**WMR Insurance Marketing/WMR, INC.
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Incline Village, NV 89451-6421
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Fax (866) 713-1567**