APS Request

NFI SOLUTIONS
NATIONAL FINANCIAL INS.

Client Information:

Clients Name:	Gender: ☐ Female ☐ Male
Address:	DOB:
Contact Number:	SSN:
Policy Type:	Policy Amount:

Doctors Information:

Doctors Name:	Facility Name:
Address:	Contact Number:

Agent Name: _____ Date: _____

Authorization Form

This Authorization is HIPAA compliant

NFI SOLUTIONS
NATIONAL FINANCIAL INS.

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 NFI Solutions 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 NFI Solutions, its authorized representatives and one or more of the insurers or other institutions listed below. The information and documentation to be released to NFI Solutions 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 NFI Solutions to release any and all Information it receives about me to the companies listed below. I also specifically authorize NFI Solutions and the companies listed below to release any and all Information about me to their respective re-insurers, 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 NFI Solutions | 350 W Burnsville Pkwy # 360 | Burnsville, MN 55337. I understand any action taken in reliance on this Authorization prior to NFI Solutions' 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

Accordia – Now known as Global Atlantic
AIG/Corebridge
American General
Allianz
American Equity
American National
Ameritas
Assurity
AXA
Banner Life
Brighthouse
Columbus Life
Equitrust
Fidelity & Guaranty
Foresters Financial
Global Atlantic Financial Group
Great American
Guaranty Income Life Insurance
Guggenheim
Integrity Life
John Hancock LTC
LaFayette Life
Legacy Marketing Group
Life of the Southwest (LSW)
LMG Americo
LMG Ameritas
Lincoln Financial Group
Minnesota Life
Mutual Trust Life Insurance Co.
Mutual of Omaha
National Guardian
National Life Gorup
National Western
New York Life
North American
OneAmerica/State Life
Oxford Life
Pacific Life
Penn Mutual
Principal Life Insurance Company
Prosperity Life
Protective Life
Prudential
Reliance Standard
Sagicor
Standard Life Insurance
Securian Life
Symetra
Transamerica Insurance Company
United of Omaha
W&S Financial Group Distributors
William Penn
Zurich

Other Company: _____ Insured Initials: _____

NFI Solutions will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured.