MIKE LOVE
INSURANCE MARKETING
EST. 1977 | LOS OLIVOS, CA

AUTHORIZATION OF RELEASE OF MEDICAL INFORMATION

For the purpose of obtaining the insurance coverage that I have requested, I hereby authorize any health plan, physician, health care professional, hospital, clinic, laboratory, medical facility or any other healthcare provider that has provided medical care to me or on my behalf within the last 10 years to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to **Don Love CLU Agency, Inc. dba Mike Love Insurance Marketing** ("Representative"). In addition, I hereby authorize the Representative to disclose my personal financial and health information to the insurance companies listed at the bottom of this page and to insurance agents and brokers acting on my behalf.

The information contained in these medical and financial records will be held in confidence and may be used only for the purpose of the procurement, or the evaluation or underwriting for the procurement of life, health, long term care and other insurance products. The contents therein may be reviewed and assessed by a qualified staff consisting of medical directors, underwriters, underwriting assistants, or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of the insurance companies listed at the bottom of this page, their reinsurers as well as the Representative's staff and employees.

This authorization shall be valid for twelve (12) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to a copy of this authorization.

I understand that I may write to the Representative to revoke this authorization and that the revocation will take effect when the Representative receives my written request. I understand that any action already taken in reliance on this authorization cannot be reversed, and the revocation will not affect those actions.

_____	_____
Proposed Insured's Printed Name	Proposed Insured's Signature
_____	_____
Signed and Dated On	At (City, State)
_____	_____
Agent/Witness Printed Name	Agent/Witness Signature

Corebridge Financial, American National Insurance Company, GFSC Inc. dba The Chittendens, John Hancock Life Insurance Company, Legal & General America, Lincoln Financial Group, Mutual of Omaha Insurance Company, One America Financial, Pacific Life Insurance Company, Peterson International Underwriters, Protective Life, Prudential Financial Companies, Securian Financial, Standard Insurance Company, Savings Bank Life Insurance Company of Massachusetts (SBLI), Symetra Financial, Transamerica Insurance Company, United of Omaha Insurance Company.

Mike Love Insurance Marketing
247 Valley Dairy Road, Buellton, CA 93427
805-688-6089
CA License No. 0677199