

Authorization for Release of Financial Information

Name of Proposed Insured/Patient (Please Print)

DOB: _____ SSN: _____

This Authorization allows a Certified Public Accountant or other accounting professional to release financial documentation for the purposes of application for insurance.

I authorize _____, and/or any other affiliated entity to disclose in its entirety my financial and tax information to Secura Consultants, its agents, employees, insurance support organizations, reinsurers, and their representative. This includes all information concerning personal and/or business financial data including, but not limited to, tax returns and forms as filed to any government entity.

I understand that, unless prohibited by state and/or federal law, the information is to be disclosed under this authorization so that Secura Consultants may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; and 3) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the insurance carriers represented by Secura Consultants.

The following groups of persons employed or working for Secura Consultants may use my personal and/or business financial information which is described above: employees of the underwriting company, administration, and any other personnel of Secura Consultants, and its authorized representatives, and business associates that perform functions or services that pertain to any coverage I have, have applied for, or may in the future apply for with insurance carriers represented by Secura Consultants.

This authorization shall remain in force for 6 months following the date of my signature below, and a copy of this authorization is as valid as the original.

I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to: Life and Disability Underwriting, Secura Consultants, 6465 Wayzata Blvd., Ste. 920, Minneapolis, MN 55426.

I understand that if I refuse to sign this authorization to release my financial information, Secura Consultants may not be able to process my application for life, long term care and/or disability coverage.

Signature of Insured _____ **Date** ___/___/___

Accountant's Name _____

Address _____

Phone Number _____

***Please fax documents to 952-224-5409, or email to: jeff@securaconsultants.com, or mail to: Secura Consultants, 6465 Wayzata Blvd, Ste. 920, Minneapolis, MN 55426.**

If you have questions, please call our office at 952-224-5400.