AUTHORIZATION FOR THE USE AND DISCLOSURE OF MEDICAL AND HEALTH INFORMATION

I hereby authorize Great Lakes Financial Advisors Group, Inc., 312 N. Cleveland-Massillon Rd., Akron, Ohio, 44333, and its staff, affiliated companies and/or entities, the insurance companies named below and their re-insurers, any insurance support organization and the authorized representatives of the named companies (collectively "Great Lakes Financial Advisors") to access, obtain, possess, use, and disclose my medical and health information for the sole purpose of the procurement of life, health, disability income, long term care, or other insurance products.

My authorization permits any health care provider or health plan, including physicians, health care professionals, hospitals, laboratories, pharmacy benefits managers, and medical facilities, that have provided payment, treatment or services to me or on my behalf within the past ten (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 Great Lakes Financial Advisors. My authorization permits my health care providers or health plans to disclose information relating to a diagnosis of or treatment for Human Immunodeficiency Virus (HIV) infection, sexually transmitted diseases, the diagnosis of and treatment for mental illness, and treatment relating to the use of alcohol, drugs, and/or tobacco. My authorization does NOT permit the use or disclosure of psychotherapy notes as defined by HIPAA.

I am providing my authorization with the understanding that my medical records and protected health information will be held in confidence by Great Lakes Financial Advisors and will be used only for the procurement of, or the evaluation of underwriting for the possible procurement of, life, health, disability income, long term care, and/or other insurance products. I understand that my medical records and protected health information may be reviewed and assessed by qualified staff including medical directors, underwriters, underwriting assistants, or other related persons involved in the submission, receipt, or evaluation of insurance applications or prospective applications by Great Lakes Financial Advisors and its affiliated insurance companies and re-insurers.

By my signature below, I acknowledge and understand that:

I am terminating any agreements I have made with my health care providers or health plans to restrict the use or disclosure of my protected health information as related to the procurement and application process for insurance coverage. I am authorizing my health care providers and health plans to release and disclose my entire medical record and protected health information as described above without restriction. My records may be obtained or transmitted by U.S. regular mail, overnight mail service, or by secured electronic means.

Great Lakes Financial Advisors is not a covered entity under HIPAA and my medical and protected health information, once disclosed to Great Lakes Financial Advisors, is no longer protected by the federal HIPAA law and may be used or re-disclosed by Great Lakes Financial Advisors without further authorization, subject to other applicable federal and state laws.

This authorization will be valid for one (1) year from the date of my signature below. I may revoke (cancel) this authorization in writing at any time. I understand that Great Lakes Financial Advisors may rely upon this authorization until it receives my written revocation. I may refuse to sign this authorization, which may affect the ability of Great Lakes Financial Advisors to procure and obtain insurance products on my behalf. I understand that a health care provider or health plan may not refuse to provide treatment or payment for treatment if I refuse to sign this authorization.

I had an opportunity to ask questions before I signed this authorization. I acknowledge that I may receive a copy of this signed authorization. A photostatic or electrostatic copy of this authorization will have the same authority and validity as the original and may be used in place of the original.

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Insurance companies that may receive my information by this authorization include:

American General Life
American Mayflower of NY
American National
AXA Equitable
Banner Life
Berkshire/Guardian
Companion Life
Genworth Financial
Hartford
Indianapolis Life
Voya
Jefferson Pilot Financial
John Hancock
Lincoln Benefit Life
Lincoln National Life Insurance Company
Midland National Metropolitan Life
Mutual of Omaha
Mass Mutual Nationwide
New York Life
North American Life Penn Mutual
Phoenix Mutual
Principal
Protective Life
Prudential Financial
SBLI
Sun Life Financial
The Cincinnati Life
The Standard
Transamerica Occidental
U.S. Financial
Union Central
United of Omaha
West Coast Life
William Penn

Print Name of Proposed Insured　　　　Proposed Insured DOB

X______________________________　　______________

Signature of Proposed Insured　　　　Date of Signature

X______________________________　　______________

Print Name of Representative

Great Lakes Financial Advisors Group, Inc.
312 N. Cleveland-Massillon Rd.
Akron, OH 44333
Tel: 330-668-2484 / Fax: 800-711-3683