

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I understand that the life insurance and/or settlement companies (which practice in the buying and selling of existing life insurance) named below, their reinsurers, any insurance support organizations and the representatives of the companies may need to collect information on me in regard to my existing and/or proposed life insurance coverage.

Therefore, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance or reinsurance companies, the Medical Information Bureau, Inc., consumer reporting agency, financial sources, employers and any institution or person to furnish to the insurance companies named below the types of information specified in this Authorization upon presentation of this Authorization of a photocopy. I authorize all said sources, except the Medial Information Bureau, Inc., to give such or knowledge to evaluate my insurance application to BDLife212, LLC. I authorize my current insurance company to furnish BDLife212, LLC. and/or its authorized representatives with any information and forms in connection with my policy including any conversions or replacements thereof.

The types of information will include records or facts related to employment, other insurance coverage, past and present physical and mental status of health, drug and/or alcohol use, character, habits, avocation, finances, reputation, credit or other personal traits.

The information will be used by the insurance and/or settlement companies named below and their reinsurers to determine eligibility for insurance and/or by the insurance agent to aid in updating and improving my insurance program.

The information collected may be disclosed to other insurance companies to which I have applied or may apply, settlement companies, reinsurance companies, the Medical Information Bureau, Inc., or other persons or organizations performing business, professional or insurance functions for the insurance and/or settlement companies named below, or as may be otherwise legally allowed.

This Authorization may be valid for two years after the date of signing. I understand that I may request to receive a copy of this authorization and that I may revoke my consent at any time by sending written notice of my revocation to BDLife212, LLC. I acknowledge receipt of the Notice to proposed Insured and Notice of Information Practices.

Signed at _____ this _____ day of _____, 20_____

Signature _____

Printed Name _____

American General Life (AIG)
American National
Ameritas
AVIVA
AXA Equitable Life Insurance Co.
BDLife212, LLC
Banner Life Insurance Company
Columbus Life
Credit Suisse
Credit Suisse Securities LLC
First Global Financial & Insurance Services
General American Life Insurance Co.
Indianapolis Life
John Hancock Life

Lincoln Benefit Life Protective Life
Lincoln Financial
Lincoln Life
Manufacturers Life Ins. Co. (USA)
Manufacturers Life Ins. Co. of America
Massachusetts Mutual
Metropolitan Life
MONY — Equitable/AXA
New Your Life
North American
Northwestern Mutual
Ohio National
Pacific Life & Annuity
Phoenix Life
Presidential Life

Protective Life
Prudential Life
ING/ReliaStar Life of New York
ING/ReliaStar/Security Connecticut Life
ING/Security Life of Denver
Sun Life Insurance Co. of America
Sun Life Insurance Co. of Canada
The New England
Transamerica Occidental Life Companies
Travelers Life & Annuity
United Of Omaha
USG Annuity & Life
Union Central Life
West Coast Life

INSTRUCTIONS TO AGENT: THE NOTICE BELOW MUST BE GIVEN TO THE PROPOSED INSURED BEFORE OR AT THE TIME OF SIGNATURE.

The personal information you provided in this Preliminary Inquiry Form may be protected from disclosure under Federal and State law. Certain financial institutions, such as those that engage in insurance, securities or banking, are required to inform you as to how they will maintain your non-public personal information. Financial institutions must tell you about their privacy practices at certain times, such as when you purchase a financial product and once a year thereafter. Your insurance agent or financial advisor will be able to share with you information concerning the privacy policies of the financial institutions they represent.

NOTICE OF INSURANCE INFORMATION PRACTICES

This is to inform you that as part of our procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, financial information and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You have the right to access this information upon written request. You may request correction, amendment or deletion of any information which you believe to be inaccurate.

In connection with your application for insurance, you may receive a telephone call from an authorized person to obtain some personal and financial information. You may be assured that the information is considered confidential and will be used to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient to you. In the event you are not in when the interviewer calls, the interviewer will leave his/her name and telephone number so that you can return the call at no charge to you and supply the necessary information.

Information regarding your insurability will be treated as confidential. The Company or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address and telephone number of the Bureau's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02112 | Telephone: 617.426.3660

The Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.