Authorization to Disclose Medical and Consumer Reporting Information to Writing Agent and MGA

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 402.328.2266

I, _____ , hereby authorize
(Print name of proposed insured)

Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York (collectively, "Fidelity & Guaranty Life"), their employees, officers, and their affiliates to **verbally** disclose any and all information ("Information") which has been collected by Fidelity & Guaranty Life in connection with my current request for life insurance to the Writing Agent, MGA (Managing General Agent), or other authorized representatives submitting that life insurance request. Information includes but is not limited to the results of any physical examination or tests, electrocardiogram, Attending Physician Statements, and/or Information collected from consumer reporting agencies during the application evaluation, such as: medical claims, prescription database history, laboratory results, credit history, motor vehicle records, life risk classifier.

It is my understanding that the purpose of this Authorization is to facilitate submission of this information by the Writing Agent, MGA, or their authorized representatives to assist in evaluating an application for insurance on my life. I understand that Fidelity & Guaranty Life assumes no liability with respect to the use of this information as it may apply to any application of insurance to other companies and makes no representation as to the completeness and accuracy of the information. I also understand that Fidelity & Guaranty Life will only provide disclosures as permitted by law, and, in its sole discretion, may not provide all information in its possession. It is my responsibility to disclose any and all requested Information to any insurance carrier to which I apply for insurance coverage.

I further understand that Fidelity & Guaranty Life's privacy policy does not extend to the copies of the Information provided to the Writing Agent, MGA, or other authorized representatives.

This authorization is effective as of the date it is signed and shall continue for six (6) months unless otherwise provided by law. I also understand that I may revoke this authorization by providing written notification to Fidelity & Guaranty Life at Fidelity & Guaranty Life Insurance Company, 777 Research Drive, Lincoln, NE 68521, which revocation shall be subject to the rights of Fidelity & Guaranty Life to the extent Fidelity & Guaranty Life has acted in reliance on the authorization prior to notice of revocation.

A copy of this authorization shall be as valid as the original.

I acknowledge that I have received a copy of this authorization from the Writing Agent.

Signature of insured or parent/guardian if age 17 or younger	Date