Authorization Form

This Authorization is HIPAA compliant

Date:______________ Advisor Name:____________________________ Advisor Phone: ( ) ____________

Insured Name:____ Date of Birth:_________________________

SSN:___________________________ Driver's License #:___________________________ State: _______________

The purpose of this Authorization is to permit MRW Financial to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for, and obtaining insurance products and services from, one or more of the insurers or other institutions listed below.

I specifically authorize any physician or other medical practitioner, hospital, clinic, or other health-related facility, medical testing laboratory, insurer, state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has information or documentation about me to release such information and documentation to MRW Financial and its authorized representatives. The information and documentation to be released to MRW Financial shall specifically include any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition, including but not be limited to, documents relating to my mental and physical health, mental health records, psychotherapy notes, drug/ alcohol abuse treatment records, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, any other communicable disease records, genetic testing, general reputation, mode of living, finances, occupation, driving records and other personal traits ("Information").

In addition, I specifically authorize MRW Financial to release any and all Information it receives about me to the companies listed below. I also specifically authorize MRW Financial and the companies listed below to release any and all Information about me to their respective reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB*) to release any and all Information about me directly to any company listed below, upon such company's request, provided the company is a member of MIB.

This Authorization shall be effective for two (2) years after the date signed below. I understand that I have the right to revoke this Authorization at any time by sending a written notice of revocation to MRW Financial, 310 S. Dale Mabry Hwy., Ste. 210, Tampa, FL 33609. I understand that any action taken in reliance on this Authorization prior to MRW Financial's receipt of the written notice of the revocation shall be valid. I also understand that any Information that is used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I understand that execution of this Authorization is voluntary and that I can refuse to sign this Authorization. I understand that my refusal to sign this Authorization will not affect my ability to obtain treatment or payment or my eligibility for health care benefits. However, I understand that my refusal to sign this Authorization may prevent me from obtaining insurance products or services from one or more of the companies below.

I acknowledge that I have read and understand the above and agree that this Authorization was completed prior to my signature. I further agree that a copy of this Authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by MRW Financial and/or any third party designated herein.

____

Proposed Insured's Signature / Guardian or Custodian / Authorized Representative Date

____

Broker / Advisor / Agency / Firm Signature Date

AIG / American General	Guarantee Trust Life	National Guardian	Prudential Life
AIG Annuity Access	Illinois Mutual	National Integrity Life	Sagicor
Allianz	Integrity Life	National Life	Savings Bank Life Insurance
Allianz Life of NY	John Hancock LTC	Nationwide- Provident Mutual	Security Life of Denver
Allstate Life of NY	John Hancock of NY	New York Life	Security Mutual of NY Standard
American Investors Life	John Hancock USA (MAN)	North American	Sun Life Financial
American National Ins. Co.	Lafayette Life	OM Financial Life Insurance	Sun Life of Canada
Assurity	Life of the Southwest	OM Financial Life Insurance Co.	Sun Life of NY
AVIVA	Lincoln Benefit	OneAmerica / State Life	Symetra
AXA Equitable	Lincoln Life of NY	Pacific Life	Transamerica
Banner Life	Lincoln National	Penn Mutual	Transamerica Financial Life
Brighthouse	Lloyd's of London	Petersen International	UNIFI Companies
Companion Life of NY	MassMutual	Phoenix Life Insurance Co.	United of Omaha
Dearborn National	MedAmerica	Presidential Life Principal	US Life on New York
Equitrust	Midland National	Principal Life Ins. Co.	VOYA
Fidelity Life	Minnesota Life	Principal National Life Ins. Co.	Western Reserve Life
Fidelity Security	MRCS	Protective Life	William Penn of NY
Gleaner	Mutual of Omaha	Protective Life of NY	Zurich

Other Company: ____ Insured Initials: ___________

MRW Financial will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured. *MIB is a not for profit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file. MIB, Inc. PO Box 105 Essex Station, Boston, MA 02112 or call (617) 426-3660

Privacy Policy

At MRW Financial, protecting your privacy is very important to us. We are committed to safeguarding the information you provide us and using it responsibly. Because of our commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

Collection of Information
We may collect nonpublic personal financial information about you from some or all of the following sources:
- Information we received from you on applications, new account forms and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you;
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies;
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products your own.

Disclosure of Information
We will not share nonpublic personal information concerning our potential, current, or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:
- Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to affect purchases and sales and allow for the servicing of your account;
- Your advisor or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Businesses, such as banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record-keeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information.

Protection of Information
We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within MRW Financial, your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.