The Informal "Trial" Pre-Application Process

Dear Consumer,

The following "Trial" Pre-Application is simply a method of obtaining your authorization and consent to share your medical information with several life insurance companies at the same time. The important aspects of this process are:

- It is a free service to you. You are not obligated to accept any offers from the various insurance companies.
- It is a method by which you are given an indication of what rates to expect before you are asked to have any exams or tests. If coverage is not available, based upon your underwriting factors, you will be informed of this as well.
- It is a shopping process with the intent of providing the best rates available from the companies listed below. However, not every company listed will be shopped. Source Brokerage, Inc. retains the right to make a determination of which carriers listed are the most appropriate to shop in accordance with your specific medical history.
- When the process is complete and you like the rates shown to you, you will then be given a specific company's application and forms to submit to that company, and you will be informed of any required exams or tests.

You can begin this process with three easy steps.

1. Complete the information below and sign the Authorization. Be sure to have your signature witnessed.
2. Call your doctor(s) and ask them to send you a copy of your medical file.
3. Return the completed "Trial" Pre-Application and your medical file to your agent, or send them directly to us.

Proposed Insured's Name and Address	O Male O Female Date of Birth	O Cigarette User O Alternate Tobacco User; Type _____ O Non-Tobacco User Details of past use:
Occupation How Long?	Height Weight	Amount Of Proposed Coverage Plan Type
Name, City & Phone Number of doctor(s) & hospitals seen in last 5 years. **If more room is needed, attach a second sheet of paper.**	Replacement? O Yes O No	Family History Age/Living Age at death/Cause Father Mother Siblings
Have you ever been declined or offered a "rated" policy by a life insurance carrier? Yes No If "YES", provide company(s), date(s) and reason(s):		

Source Brokerage, Inc. acts as a General Agent for the following companies:

North American Co L & H	AXA-Equitable	AIG American General	Genworth Life & Annuity
United Home Life	Fidelity Life Association	West Coast Life	Protective Life
Lincoln National	Symetra Financial	Prudential	Transamerica

Authorization For Release Of Confidential Health Care Information

I hereby authorize any physician or any health care facility that has provided health care services to me, and the Medical Information Bureau, to release any of my confidential health care information that they maintain to Source Brokerage, Inc., National Brokerage Consortium, The Marketing Alliance, David Belcher & Associates and the life insurance companies listed above and their reinsurance companies. I am requesting release of my confidential health care information to facilitate my purchase of insurance. A photocopy of this serves as an original.

Date_____ _____
Signature of Proposed Insured (parent or guardian if minor)

_____ _____
Name *and* Phone Number of Insurance Agent/Broker Signature of Witness

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