

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 Victorson Associates, Inc. to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for 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 Victorson Associates and its authorized representatives. The information and documentation to be released to Victorson Associates, Inc. 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 Victorson Associates, Inc. to release any and all Information it receives about me to the companies listed below. I also specifically authorize Victorson Associates, Inc. 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 Victorson Associates, Inc. at 321 E. Main St. Smithtown, NY 11787. I understand that any action taken in reliance on this Authorization prior to Victorson Associates, Inc.'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 Victorson Associates, Inc. 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	Genworth Life NY	Lloyd's of London	Protective Life of NY
AIG Annuity Access	Genworth LTC	MassMutual	Prudential Life
Allianz	Gleaner	MedAmerica	Reliance Standard
Allianz Life of NY	Guarantee Trust Life	MetLife Investors	Savings Bank Life Insurance Co of MA
Allstate Life of NY	Illinois Mutual	MetLife DI	Security Mutual of NY
American Memorial	ING Northern Life	MetLife LTC	Standard Insurance Company
American National	ING Reliastar	Midland National	State Life / One America
American Investors Life	ING Reliastar of NY	Minnesota Life	Sun Life of Canada
Ameritas Life	ING Security Life of Denver	Mutual of Omaha	Sun Life of Canada
Assurity	ING Annuity and Life	National Guardian	Sun Life of NY
AVIVA	Integrity Life	National Integrity	TransAmerica Insurance Company
AXA Equitable	Jackson National Life	National Life of Vt.	TransAmerica of NY
Banner Life	John Hancock Life	Nationwide -- Provident Mutual	UNIFI Companies
Companion Life of NY	John Hancock LTC	New York Life	United of Omaha
Dearborn National	John Hancock of NY	North American	US Life of New York
Equitable Life and Casualty	John Hancock USA (MAN)	OM Financial Life Insurance Co.	West Coast Life
Equitrust	Lafayette Life	OM Financial Life Insurance Co. of NY	Western Reserve Life
Fidelity Life	Liberty Life Insurance/RBC	Petersen International	William Penn of NY
Fidelity Security	Lincoln Benefit Life	Phoenix Life Insurance Co.	Zurich
Genworth Life	Lincoln Life of NY	Presidential Financial	
Genworth Life & Annuity	Lincoln National	Principal Life Insurance Company	
Genworth Life and Annuity Ins. Co.		Principal National Insurance Company	
Genworth Life Ins. Co of New York		Protective Life	

Other Company: _____ Insured Initials: _____

Victorson Associates, Inc. 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 and Compensation Information



At Victorson Associates, Inc. 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 you 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
- Recordkeeping 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.

Compensation

The producer who is selling you the insurance policy or annuity contract for which you are applying is an insurance producer licensed by the State of New York and has been authorized by the insurance company (or companies) to sell such product(s). The role of the insurance producer in this transaction involves conferring with you about the benefits, terms, and conditions of the insurance policy or contract that you are considering; offering advice about the substantive benefits of the particular insurance policy or contract; and selling and placing the insurance.

Compensation will be paid to the producer by the insurance company based in whole or in part on the insurance policy or contract you purchase. The compensation may vary depending on a number of factors, including, but not limited to, the insurance policy or contract you purchase, the premium amount, and the volume of business the producer provides for the insurance company. In addition, compensation that is paid to producers is generally limited by New York law and producers are prohibited by law from rebating compensation, or otherwise providing an inducement, to an insured in order to make a sale. Note that compensation received for various sales may not be readily comparable due to differences in insurers' distribution systems and compensation structures.

Please contact your producer if you would like more information about the compensation the producer expects to receive in connection with the policy or contract you purchase and about compensation he or she would have received on any alternative quote(s) presented to you.

Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within Victorson Associates, Inc. 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.