Authorization to Release Medical Information

Building your future

PHYSICIAN'S INFORMATION *Fields are mandatory

*CONTACT NAME

EMAIL

ADDRESS

CITY

PROVINCE

POSTAL CODE

*TELEPHONE

*FAX

MEDICAL RELEASE FOR PATIENT

PATIENT NAME

DATE OF BIRTH (DD / MM / YYYY

ADDRESS

CITY

PROVINCE

POSTAL CODE

I, _____ , authorize the release of my medical records and/or any related information regarding my life insurance policies to the firm of Gordon B. Lang & Associates Inc. This information is necessary in order to prepare a Fair Market Valuation and assist in the sale of my life insurance policies. You may include an invoice for this service with your medical report.

_____

SIGNATURE

DATED THIS _____ DAY OF _____

5720 - 4th Street SE, Suite 130
Calgary, Alberta T2H 1K7
Toll Free: (877) 249-2999
Phone: (403) 249-1820
Email info@gblinc.ca

121 Richmond St West, Suite 503
Toronto, Ontario M5H 2K1
Toll Free: (888) 941-9829
Phone: (416) 941-9829
www.gblinc.ca

LIFE INSURANCE UNDERWRITING AUTHORIZATION

I authorize Gordon B. Lang & Associates Inc. to proceed with medical underwriting for a fee of $1,200.00 plus applicable taxes. The fee becomes due, is payable within 60 days of the completion of underwriting, is non-refundable and is not contingent on completion of the Market Value Assessment.

SIGNATURE

NAME PRINTED

DATE

Submit form by fax or mail to:
GBL Inc.
5720 - 4th Street SE, Suite 130, Calgary, AB, T2H 1K7
Fax: (403) 246-2431 | Phone: (403) 249-1820