

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 _____



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

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

LIFE INSURANCE UNDERWRITING AUTHORIZATION

I authorize Gordon B. Lang & Associates Inc. to proceed with medical underwriting for a fee of \$1,300.00 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



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