

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Security Life of Denver Insurance Company ("Security Life") may obtain information about me from: any physician; medical practitioner; hospital, clinic or other medical facility; employer; other insurance companies or institutions; consumer reporting agency; or Medical Information Bureau, Inc. ("MIB, Inc."). The purpose is to evaluate my application for insurance or benefits. Security Life may obtain an investigative consumer report and any records or other information available as to diagnosis, treatment and prognosis of any physical or mental condition.

Security Life may obtain any drug, physical and mental health, and alcohol-related information which may be protected by federal or state laws and regulations. As it pertains to alcohol and drug information covered by federal regulation, this may be revoked at any time by written notice to Security Life. But, any action taken before my written revocation is received by Security Life will not be affected.

Signature of
Proposed Insured _____

Security Life may make a brief report about me to MIB, Inc. Security Life may disclose information to its reinsurers; those who perform services for Security Life on any application for insurance or benefits; those companies to which I have applied or may apply for life or health insurance, or benefits; and the employer. Disclosure may be made when required or permitted by law.

This is valid for two and one-half years from the date below. An original or copy may be used by Security Life or its authorized representative to obtain information. I have read and received a copy of this authorization. I also have a copy of the Notice of Information Procedures. It includes the MIB, Inc. and Fair Credit Reporting Notices.

Date _____, 19_____

Applicant-Owner (If not
signing above) _____

Agent-Witness: _____

Form 7658 (9-95)

DETACH BOTTOM HALF AND LEAVE WITH PROPOSED INSURED

COPY OF AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

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NOTICE OF INFORMATION PROCEDURES

OUR UNDERWRITING PROCESS

This process is an evaluation of information about you. It is to see if you qualify for the insurance requested. The information we review may vary with the insurance applied for. We look at information about you such as: your age; occupation; health; mode of living; avocation and other personal information.

Answers on the application are the principal source of information. We may contact other people or institutions personally, by phone or by letter. The purpose is to confirm or add to information you have provided. For example, we may obtain information from your doctor, clinic, hospital or

other insurers. In some cases, your Security Life agent may obtain information on our behalf. A medical examination or laboratory tests may be requested.

MIB, INC.

Medical Information Bureau, Inc. ("MIB, Inc.") may provide Security Life with a brief report about you. This is a nonprofit organization of life insurance companies which has an information exchange for its members. Information that is sent to MIB, Inc. by one member may be given to their member companies who have a business need for it.

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