

Consent to disclose additional information to my financial security advisor

Important information: Completion of this consent form is entirely voluntary, and is not required as part of your application for insurance. A copy of this consent is as valid as the original.

Name of life (to be) insured (first, middle, last)*	Date of birth (m/d/y)
Application / policy number(s)	
Advisor name (first, middle, last)	Advisor no.

***Note to the life (to be) insured** (if not also the owner/applicant): The term “your advisor” means the owner/applicant’s financial security advisor, and other references in this form to “you” and “your” should be read and understood according to context. If your advisor is provided with additional information concerning you, then this information may be shared with the owner/applicant by the advisor.

Consent you provide when you sign this form

By signing this form, you, the life (to be) insured or parent/guardian of the life (to be) insured, give Great-West consent to provide your advisor with “additional information,” here meaning detailed information about you and your insurance application to Great-West that is in addition to what Great-West might ordinarily provide your advisor during the underwriting process. This is to enable your advisor to more effectively consider and present your insurance options, and to explain underwriting decisions.

Examples of additional information include more detailed:

- (a) results of medical/ laboratory testing
- (b) personal health information, about such matters as illnesses or particular medical conditions (including: mental illness, infectious diseases, other medical conditions, medication usage, drug and alcohol usage) including treatment or rehabilitation programs
- (c) information about your health discovered when your application was assessed, even if not known to you at the time of application
- (d) employment history and information about your personal finances
- (e) records of criminal activity
- (f) other facts about your life and how they might affect your application for insurance.

Note: Even if this consent form is signed, Great-West reserves the right to limit what information will be shared with your advisor.

Your agreement and signature

By signing this form, you agree to its contents, and further:

- You may withdraw this consent at any time by sending a written request to Great-West by fax or mail. On receipt and processing of your withdrawal request, no further information beyond what would normally be shared will be provided to your advisor.
- The consent, unless withdrawn earlier, remains valid from its signing until **60 days after** the date on which Great-West, further to your application: (a) issues a new insurance policy or amends an existing insurance policy, (b) makes you an offer to issue an insurance policy or to amend an existing insurance policy, or (c) mails you a declined application notice; whichever occurs first.

Signed at: _____ on _____
City Province Date (m/d/y)

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Signature of life (to be) insured (or, if under age 16 (18 in Quebec), signature of parent or guardian)

Print name of parent or guardian signing (if applicable): _____

For Great-West Life New Business – London, ON	For Great-West Life New Business – Montreal, PQ	For Great-West Life Living Benefits – Winnipeg, MB
Fax to 1-877-340-9064 or mail the original to: Great-West Life New Business: T-192, 255 Dufferin Avenue, London, ON N6A 4K1	Fax to 1-888-864-3099 or mail the original to: Great-West Life New Business Suite 420, 2001 University Street, Montreal, PQ H3A 1T9	Fax to 1-204-946-8960 or mail the original to: Great-West Life Living Benefits Underwriting: 2- West 60 Osborne St North, Winnipeg MB R3C 3A5