

BEST AGENCY USA, INC CORPORATION
**Authorization to Obtain Information/
Waiver and Acknowledgment Form**

AUTHORIZATION:

I AUTHORIZE any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider (My Providers) that has provided treatment or services to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Best Agency USA, Inc Corporation and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical record without restriction. I UNDERSTAND my protected health information is to be disclosed under this Authorization so that Best Agency USA, Inc may: 1) underwrite my application for coverage by making eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain insurance; and 3) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Insurance Companies named below.

Aetna Life	Colorado Bankers	Life of Virginia	Phoenix Life
AIG Life	Companion Life	Life Settlement	Principal Life
Allianz	Coventry Financial	Alliance	Provident Life
Allmerica Financial	Empire General	Lincoln Benefit Life	Prudential
American General	Equitable of Iowa	Lincoln Financial	Security-
American Investors	Federal Home	Rein. Co.	Connecticut
American Life &	Fidelity Security	Manulife	Security Life of
Casualty	First Colony	Mass Mutual	Denver
APS Workflow	First Penn Pacific	MetLife	Reinsurance Co.
AXA	Fort Dearborn	MONEY Life	State Life
American	Fortis	Insurance Co.	Sun Life of Canada
Mayflower	GE Capital	Mutual of Omaha	Transamerica
American National	General American	NACOLAH	Travelers
Assurity/Woodmen	Gleaner	National Guardian	United of Omaha
Banner Life	Illinois Mutual	Nationwide	US Financial
BMA	ING Reliastar	New York Life	West Coast Life
Canada Life	ING Southland Life	Old Line Life	Western Reserve
Central National	ING USG	Old Republic	Life
Citizens Security	Interstate	Pacific Mutual	Zurich Life
Clarica	Assurance	Penn Mutual	
Cologne Life	Jefferson Pilot	Penn Treaty	
Reinsurance Co.	John Hancock	PFL	

Other Insurance Company:

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Best Agency USA, Inc 902 Clint Moore Rd # 216, Boca Raton FL 33487, Attention: Privacy Official. I understand that a revocation is not effective if any of My Providers has relied on this authorization or to contest the policy/certificate itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

WAIVER AND ACKNOWLEDGMENT:

This Waiver and Acknowledgment (the "Waiver") has been signed on the date set forth below by the undersigned (the "Applicant") in favor of Best Agency USA, Inc, Inc., its successors, assigns, shareholders, directors and employees (collectively "Best Agency USA, Inc").

Applicant acknowledges, understands and agrees as follows:

- that Applicant has filed an application with Best Agency USA, Inc intending to secure life insurance from one or more insurance underwriters.
- that, in the course of applying for life insurance coverage, Best Agency USA, Inc has asked for and received information concerning Applicant's medical condition and history, as well as other information that is of a personal and confidential nature.
- that Best Agency USA, Inc will provide that information, or parts of it, to a number of potential insurers and their agents, employees and representatives.
- that Best Agency USA, Inc maintains, or will maintain, an electronic data interchange (the "Interchange") through which certain Authorized underwriters and/or other insurance industry representatives (referred to in this Waiver as "Underwriters") may gain access to information concerning persons either covered by or applying for coverage under insurance policies issued and serviced by those Underwriters.
- that Best Agency USA, Inc will use the Interchange to store some or all of the confidential and personal information Applicant has provided to Best Agency USA, Inc, and, therefore, that Underwriters will be able to gain access to that information through the Interchange.
- that the Underwriters will gain access to the Interchange via the Internet or other, similar computer-based telecommunications systems.
- that, even though Best Agency USA, Inc has in place security measures Best Agency USA, Inc believes appropriate to protect the Interchange and the information it contains from unauthorized access and use, and even though Best Agency USA, Inc will continue to upgrade those security measures from time to time as circumstances warrant, Best Agency USA, Inc can make no guarantee as to Best Agency USA, Inc's ability to protect the Interchange and the information it contains from unauthorized access by "hackers" or other persons, who, through wrongful means, may bypass the security measures protecting the integrity of the Interchange.
- that Best Agency USA, Inc cannot control the use, dissemination, publishing or interpretation of the information contained in the Interchange once that information is gathered by an Underwriter.
- that Applicant will hold harmless from and against any unauthorized access to or use of, by any person or company, any information pertaining to Applicant in Best Agency USA, Inc's possession and/or stored on the Interchange.
- that Applicant will indemnify Best Agency USA, Inc for all costs and expenses incurred by Best Agency USA, Inc or any of its employees, shareholders, directors, agents or representatives in enforcing this Waiver. Applicant has evidenced his/her acknowledgment, understanding, and agreement with respect to the foregoing by signing this document below.

I **ACKNOWLEDGE** that I have received a copy of this document.

I **AGREE** this form shall be valid for twenty-four months (24) from the date shown below.

Signed on this date: _____ / _____ / _____

City: _____ **State:** _____

X _____ X _____
Signature of Proposed Insured/Parent or Guardian Signature of Witness

Printed name of Proposed Insured/Parent or Guardian

Best Agency USA, Inc Corporation

Privacy Policy

At Best Agency USA, Inc Corporation, protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to use 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 receive 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; and
- ❖ 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 effect purchases and sales and allow for the servicing of your account;
- ❖ Your agent 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, like 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
- ❖ Record keeping 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.

Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within Best Agency USA, Inc Corporation, 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.