



Authorization to Obtain and Disclose Information

This form, when signed and dated, permits NWL or its representatives to obtain medical and other information about me or any of the following:

Four horizontal lines for listing individuals.

(All applicants listed above must sign on the signature lines below.)

The purpose of this form is to help NWL evaluate my/our application for life insurance.

Those who may release such information are: (a) physicians; (b) medical professionals; (c) practitioners; (d) hospitals or clinics; (e) medical care institutions; (f) Veterans Administration; (g) MIB, LLC; (h) motor vehicle departments; (i) law enforcement agencies; (j) employers; (k) consumer reporting agencies; and (l) other insurers or reinsurers.

Information about me and/or the persons above which may be released includes: (1) care, treatment or advice; (2) physical or mental conditions; (3) general character; (4) reputation; and (5) life style. Medical records released should include (a) diagnosis; (b) prognosis; and (c) treatment. This information includes drugs and alcohol use. Subject to certain limitations, I, or my authorized representative, may ask for and receive a record of any subsequent disclosures of personal or privileged information.

A copy of this form will be as valid as the original. Either will be valid for 2 years from its date. In Minnesota, this authorization will remain valid as long as I am continually insured by NWL.

I understand that I may revoke this authorization by notifying NWL in writing at the address below and that such revocation will be effective upon the date received by NWL. I also understand that revocation may be the basis for denying insurance benefits.

Failure to sign this authorization form may impair the ability of NWL to evaluate or process an application or claim and may be a basis for denying an application or claims for benefits.

I have read this form and have received a copy. I have also received a copy of NWL's "Notice of Information Practices." I know that I (or my representative) may ask for and receive a copy of any investigative consumer report made on me.

Date (Month, day, year) Applicant, Policyholder, Individual (Parent, if the above is under age 15)

Date (Month, day, year) Spouse or Joint Applicant, Policyholder or Individual (if applicable)

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This notice of information practices of National Western Life Insurance Company (“NWL”) and your NWL[®] Agent is furnished in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence.

Collection of Information

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected will vary depending on the amount and type of coverage applied for, but in general we will seek information about age, occupation, physical condition, health history, mode of living, avocations, and other personal characteristics. In addition, your NWL Agent may ask you for information intended to aid in updating and improving your insurance program and in marketing other insurance or financial services.

You are our most important source of information, but we may also collect or verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies to whom you have applied and by examining public records. We may collect information by exchanges of correspondence, by telephone, or by personal contact.

In some cases, we may ask an insurance support organization to collect information and submit a report of its findings to us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

Disclosures by National Western Life Insurance Company

In accordance with law, NWL or your NWL Agent may make disclosures to others of certain items of information about you, without your specific authorization. Following is a brief description of some of the persons or organizations to whom certain items might be disclosed.

- Persons or organizations who perform business, professional or insurance services to us, such as independent claim examiners or group plan administrators;
- Your NWL Agent, consumer reporting agencies hired to prepare investigative reports, and other insurance companies to which you have applied for coverage or benefits;
- Your attending physician or treating medical professional;
- Persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations.

Please be assured that the above describes some of the disclosures which may be made, not disclosures which are always or even often made. In any event, only such information as is reasonably necessary to accomplish the intended purpose will be disclosed without your prior authorization.

For example, we would ordinarily disclose only name and address to a marketing firm, and perhaps additional information relating to age, amounts of insurance and claims experience to a scientific research organization. Information relating to physical condition or medical history would ordinarily be disclosed only to your attending physician or treating medical professional. In short, the types of information disclosed will vary depending upon the needs of the recipient and the sensitivity of the data.

A description of the circumstances under which information about you might be disclosed, without your authorization, to the types of persons and organizations referred to above will be sent to you upon request.

Access and Correction

There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment, or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will be sent to you upon request. You may also request the name, address and telephone number of the consumer reporting agency issuing an investigative consumer report about you. We will provide the information within 5 business days of the receipt of your request.

Obtaining Additional Information

We hope you find this description of our information practices helpful. We take our responsibilities, and your rights, very seriously. You have the right to receive the specific reason for an adverse underwriting decision in writing. If you have any further questions about the terms of this notice or any adverse underwriting decision, please write to us: Underwriting Department, National Western Life Insurance Company, PO Box 209080, Austin, TX 78720-9080.

Fair Credit Reporting Act and MIB, LLC, Inc. Notices

As a part of our procedure for processing your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. Upon written request to us within a reasonable period of time, you are entitled to receive additional detailed information about the nature and scope of this investigation. Your written inquiry may be addressed to UNDERWRITING DEPARTMENT, NATIONAL WESTERN LIFE INSURANCE COMPANY, PO BOX 209080, AUSTIN, TX 78720-9080.

Information regarding your insurability will be treated as confidential. However, we may make a brief report thereon to the MIB, LLC, a non-profit membership organization of life insurance companies which operates an information exchange in behalf of its members. If you apply to another MIB member company for life and health insurance coverage or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. (Medical Information will be disclosed only to your attending physician.) If you question the accuracy of the information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number 617-426-3660.

We may also release information in our file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

SU-6412(Rev.10.23)

Please sign the company copy
COMPANY COPY



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