NATIONAL BANK LIFE INSURANCE

Reference: _____

Insured's name: _____

Date of birth: Y M D

I hereby authorize any individual or company with information concerning myself, my employment, my state of health or my insurability, namely employers, physicians, hospitals, medical or paramedical clinics, insurance companies and the Medical Information Bureau, to communicate such information to National Bank Life Insurance Company or its administrator. I also consent that an investigation report concerning me be requested.

_____
Insured's signature

14074-512 (12-1998)

NATIONAL BANK LIFE INSURANCE

Reference: _____

Insured's name: _____

Date of birth: Y M D

I hereby authorize any individual or company with information concerning myself, my employment, my state of health or my insurability, namely employers, physicians, hospitals, medical or paramedical clinics, insurance companies and the Medical Information Bureau, to communicate such information to National Bank Life Insurance Company or its administrator. I also consent that an investigation report concerning me be requested.

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