NATIONAL BANK
LIFE INSURANCE

Reference_____

Deceased's name_____

Date of birth Y M D

I hereby authorize any individual or company with information concerning the deceased, his or her state of health, insurability or entitlement to benefits, namely 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 the deceased be requested.

14075-513 (12-1998)

Signature of Estate Representative

NATIONAL BANK
LIFE INSURANCE

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