



Insurer: National Bank Life Insurance Company

REFERENCE: _____

INSURED'S NAME: _____

DATE OF BIRTH:

YYYY	MM	DD
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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 (MIB Inc.), 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

Date (YYYY-MM-DD)

14074-512 (2013-06)

National Bank Insurance is a trademark of National Bank of Canada and some of its subsidiaries.



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