

**CONSENT AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO ADVISOR**

The undersigned proposed life insured, consents and authorizes The Equitable Life Insurance Company of Canada ("Equitable") to provide my health, medical and life style information which Equitable obtains during its underwriting and review process, regardless of the source of such health, medical and life style information, to my advisor \_\_\_\_\_, for the purposes of my advisor explaining to me any adverse assessment of my insurability.

\_\_\_\_\_  
Print Name of Proposed Life Insured

\_\_\_\_\_  
Policy / Application Number

\_\_\_\_\_  
Signature of Proposed Life Insured

\_\_\_\_\_  
Date