

Persons Eligible to Submit Requests

Representative of decedent's estate (executor, administrator or small estate administrator) or surviving spouse;
 If no estate representative has been appointed (and one is not expected to be appointed) and there is no surviving spouse, then a child of the decedent may submit a request;

If there is no estate representative, surviving spouse or child, then the decedent's closest living relative or another person with a close family or personal relationship to the decedent may submit a request; provided that in the latter situation such person has a good faith belief that he or she has an interest in a life insurance policy on the decedent and such person would be considered a person whom the decedent would be reasonably expected to designate as a beneficiary of a policy (the person would be "the natural object of the decedent's bounty").

Instructions

1. Complete Information Section.
2. Completed form must be notarized.
3. Original Death Certificate for the Decedent is required and must accompany request.

Information Section (All information required)

Decedent

_____/_____/_____ / _____ / _____ / _____
 Last Name First Name Middle Name

_____/_____/_____ / _____ / _____ / _____
 Date of Birth (mm/dd/yyyy) Place of Birth (State/Province, Country) Residence (State/Province, Country)

Other names used by decedent: _____ / _____

Requestor (Must meet eligibility criteria above)

_____/_____/_____ / _____ / _____ / _____ / _____
 Last Name First Name M.I. Relationship to Decedent

_____/_____/_____ / _____ / _____ / _____ / _____
 Address (Street/P.O. Box) City/Town

_____/_____/_____ / _____ / _____ / _____ / _____
 State/Province Country (if outside U.S) Zip Code Tel. No. (area code first)

Important Terms

Requestor is solely responsible for the accuracy and completeness of Information Section. MIB Solutions' Policy Locator™ Service (PLS) makes no representations or warranties, express or implied, that the decedent was insured under any life insurance policies; that such policies, if any, are currently in force; or that Policy LocatorSM Service will be able to locate such policies even if one or more exist. Requestor understands and acknowledges that policy proceeds, if any, are payable to the beneficiary of record. Finally, requestor agrees to the limitation of liability provision found on the PLS web page www.policylocator.com (landing page for this service).

Certification

I certify: 1) I am authorized or entitled to request the Policy Locator Service; 2) that the information provided above is complete and accurate; and 3) that I have read and agree to the "Important Terms" as stated above. The undersigned Requestor agrees to hold Harvey E. Morse, P.A. and MIB Solutions, Inc. free and harmless from any claims or liabilities that it may suffer as a result of any misstatement by Requestor or any allegation that Requestor was not authorized to submit a request and receive a report from MIB Solutions, Inc.

Requestor _____ Signed at _____, _____, this _____ of _____, 200____.

Verification before Notary Public

State Of _____, City/County Of _____
 Before me, a Notary Public, personally appeared the Requestor named above on this _____ day of _____, 200____, and he/she stated that the above information and statements are true to the best of his/her knowledge and belief.

[Stamp/Seal]

Notary Public _____

My commission expires: _____

mm/dd/yyyy



POLICY LOCATOR SEARCH AUTHORIZATION

I, the undersigned, authorize Harvey E. Morse, P.A. ("Authorized Recipient") to submit my request for a Policy Locator Search to MIB Solutions, Inc. for information relating to _____, deceased. I further authorize MIB Solutions, Inc. to release its completed Policy Locator Search report to my Authorized Recipient.

I acknowledge that my Authorized Recipient shall be solely responsible for safeguarding and keeping confidential the Policy Locator Search report once it has been delivered by MIB Solutions, Inc. Further, I agree to hold MIB Solutions, Inc. and Harvey E. Morse, P.A. free and harmless from any claims or liabilities to third-parties that it may suffer as a result of the release of such Policy Locator Search report to my Authorized Recipient. Finally, I ratify and confirm the Certification set forth in the Policy Locator Search application.

I understand that I may revoke this authorization by giving written notice to MIB Solutions, Inc., but any action taken by MIB Solutions, Inc. before receipt of such notice will be valid. I acknowledge that I am entitled to obtain a copy of this authorization and that a copy provided to MIB Solutions, Inc. will be deemed to be as valid as the original.

Signature: _____

Date: _____

CONFIDENTIAL