

**Physicians Mutual Insurance Company
Physicians Life Insurance Company
Physicians Select Insurance Company**

2600 Dodge Street
Omaha, NE 68131-2671

CONSENT TO ELECTRONIC SIGNATURES AND DELIVERY OF DOCUMENTS

We are required to obtain your consent to use electronic signatures and to deliver insurance related documents electronically to you whether through the internet, email, web, text, instant message, digital media, or the like. If you consent to electronic delivery as described in this Consent, you will be consenting to electronic delivery of all documents we may deliver to you relating to the insurance policies you have with us, or might apply for with us, to the extent permitted by law. From time to time, we may send these documents to you in pdf, text or html format as an attachment or through a secure portal or web page via a hyperlink to the email, phone number, or instant message you provide us. We will notify you verbally or via an email, text message, instant message or similar communication to alert you as to how you may access the documents. We may still send some documents to you in paper at your regular mailing address. For this reason, it is important that you inform us of any changes to your regular mailing address.

Your consent is purely voluntary. However, if you do not provide your consent, we will not be able to complete your transactions electronically. Any documents delivered electronically will be provided to you in paper upon request at no charge.

By agreeing below and providing us with an email address or other contact information for delivery of documents, you consent that all documents may be provided electronically. You are responsible to update the email address or other contact information on file with us if it changes. If we notify you that information is available to review on a website or secure portal, you agree that delivery of the information is deemed completed upon receipt of such communication.

If you wish to (1) change your email address or other contact information; (2) withdraw consent to receive electronic delivery of future information and other records; or (3) request a paper copy of the information, please contact us at 1-800-228-9100 or by logging on PhysiciansMutual.com.

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Date

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