

THIRD-PARTY DESIGNEE FORM

For protection against unintentional lapse, you have the right to designate a person in addition to yourself to be notified in the event your insurance policy becomes in danger of lapsing. This form may be used to designate such a person to receive this notification. This form does not authorize the release of any information other than policy status to the individual you designate, and does not constitute acceptance of any liability on the part of the designated person for services provided to the insured.

Please print clearly in blue or black ink. Refer to instructions for information regarding the completion of each section.

Policyowner Name:
Policy Number(s):

Instructions for Completion:
<ul style="list-style-type: none">Complete only the applicable sections and include appropriate signatures.Return completed form to the address provided above.
<p>To Add a Third-Party Designee – Section A must be completed by the policyowner when adding a third-party designee, or updating a previously assigned designee's contact information. <u>Policyowner and third-party designee must sign in Section A.</u></p> <p>Section B – Must be completed when removing a third-party designee. <u>Either policyowner or designee must sign in Section B.</u></p>

A ADD THIRD-PARTY DESIGNEE OR UPDATE THIRD-PARTY DESIGNEE ADDRESS

Complete when adding a new third-party designee, or providing updated contact information for a third-party designee. Provide the complete name, address and phone number of the person you would like to designate.

Third-Party Designee (Print full name):		Phone Number:	
Street Address:	<input type="checkbox"/> This is a new address	City:	State: ZIP:
Policyowner Signature (Required):*	Date:	Third-Party Designee Signature (Required):	Date:

B REMOVE THIRD-PARTY DESIGNEE

- ☐ Check this box to remove **all** third-party designees currently associated with this policy.
- ☐ Check this box to remove **one** specific designee. Provide name of designee to be removed below.

Third-Party Designee to be Removed (Print full name):	
Policyowner* or Third-Party Designee Signature:	Date:

***If you are a trustee, attorney-in-fact, guardian, conservator or other fiduciary, you must sign in your capacity (e.g., Jane Smith, trustee) and attach relevant legal documentation if not already on file.**