

Third Party Designation of Notice of Lapse or Termination of Individual Life Insurance

For additional protection against unintended lapse, you have the option to designate a Third Party or a Secondary Addressee to receive notice of lapse or termination of this insurance policy for nonpayment of premium. **If you should choose to designate a Third Party Designee or Secondary Addressee, choose someone other than yourself and do not chose your Agent/Financial Planner. The Agent/Financial Planner will automatically receive any such notices.**

Complete the following information if you choose to designate a Third Party or Secondary addressee and return this form with your application for individual life insurance.

Proposed Insured: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

I designate the person listed below to receive copies of any notice of lapse or termination:

Name: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Home Address (Street): _____ Apt. or Suite: _____

(City/State/ZIP): _____ / _____ / _____

Home Phone Number: _____ - _____ - _____

The policy owner may change this designation at any time.

Signature of Applicant/Owner/Trustee (If other than Proposed Insured)
(Provide Title if owned by a Trust or a Corporation)

Date (MM/DD/YYYY)

Printed Name of Applicant/Owner/Trustee