

**ILLINOIS RESIDENTS
RIGHT TO DESIGNATE A SECONDARY ADDRESSEE
TO RECEIVE NOTICE OF LAPSE OR CANCELLATION**

You are being provided this notice pursuant to Illinois Insurance Code 215 ILCS 5/235.1. You have the right to designate a secondary addressee to receive a notice of lapse or cancellation of your life insurance policy based on nonpayment of premium. You may make such designation at the time of application or at any time the individual life insurance policy is in force by submitting a written notice to the Company containing the name and address of the secondary designee. You may change your designation at any time with written notice to the Company.

Please indicate your choice by completing the information below.

_____ I designate the following person to receive any notice regarding the lapse or cancellation of my life insurance policy due to nonpayment of premium:

(Please Print)

Name of Person to Receive Notice _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-Mail Address _____

Signature of Owner _____ Date _____

OR

_____ I elect *NOT* to designate another person to receive notice of lapse or cancellation of my life insurance policy for nonpayment of premium at this time.

Signature of Owner _____ Date _____

IF RETURNING THIS FORM PLEASE COMPLETE THE FOLLOWING:

Name of Insured:

Policy Number:
