



Senior Life Insurance Company

P.O. Box 2447
Thomasville, GA 31799-2447
877.777.8808

A Georgia Stock Company • Executive Offices: Thomasville, Georgia

THIRD-PARTY NOTIFICATION

If a senior citizen is concerned about understanding critical insurance notices or being able to act quickly, Senior Life Insurance Company can provide copies of such notices to a relative, friend, or other designated person. Insureds age 62 or older may designate such "third-party recipients" to receive copies of any nonpayment or cancellation notices.

Insured's Name: _____ SSN: _____ - _____ - _____

Policy Owner's Name: _____ Policy Number: _____

Third-Party Designee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Home #: _____ Work #: _____

Policy Owner's Signature: _____ Date: _____

THIRD-PARTY DESIGNEE ACCEPTANCE

This section needs to be completed by the Third-Party Designee, if the named Insured is age 62 or over and a resident of New Jersey.

Third-Party Designee must accept in writing that you are willing to receive copies of notices of cancellation or lapse from Senior Life Insurance Company. Should you desire to terminate the status as a third party designee, you shall provide written notice to both the Insurer and the Policy Owner.

Printed Name: _____

Third-Party Designee's Signature: _____ Date: _____

WAIVER ELECTING NOT TO NAME AN ADDITIONAL DESIGNATION

I understand that I have the right to designate at least one person, other than myself, to receive notice of lapse or termination of this individual whole life insurance policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. I elect NOT to designate any person to receive such notice.

Policy Owner's Signature: _____ Date: _____

Please return this form to:
Senior Life Insurance Company
P.O. Box 2447
Thomasville, Georgia 31799

New Jersey Residents – Age 62 and older: Per New Jersey Administrative Code 11:2-19, this form shall be delivered to Senior Life Insurance Company by certified mail, return receipt requested along with the Third-Party Designee Acceptance. Your Third-Party Designee must accept in writing that he or she is willing to receive copies of notices of cancellation or lapse from us. Please retain a copy for your records.