

**SENIOR LIFE INSURANCE COMPANY**

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GUARDIANSHIP SUBMISSION FORM**POLICY INFORMATION**

Insured's Name

Policy Number

Social Security Number

Phone Number

Email

Address

City

State

Zip

Policyowner's Name (if different)

Relationship to Insured

Social Security Number

Phone Number

Email

Address

City

State

Zip

GUARDIAN DOCUMENTATION INFORMATION

Date of Submission

Number of Pages of Document

Effective Date of Guardianship

State/Territory in which the Guardianship was created

To your knowledge, do any other Guardianships exist over the Policyowner?

Yes

☐

No

☐

If yes, provide additional information:

INFORMATION ABOUT GUARDIAN

Name of Guardian

Name of Person submitting Guardianship Paperwork (if different)

Guardian Address

Guardian Phone Number

Guardian E-mail

Name and Location of Court that issued Guardianship

AUTHORITY SOUGHT UNDER GUARDIANSHIP☐ Be Provided Information About Policy☐ Change Payor and/or Payment Information☐ Change Ownership☐ Change Beneficiaries (Not Guardian)☐ Change Beneficiary (Guardian)☐ Take Out Loans☐ Surrender Policy☐ Other: _____

SIGNATURE

Date: _____