SENIOR LIFE INSURANCE COMPANY
P.O. Box 2447
Thomasville, GA 31799-2447
877-777-8808
www.SeniorLifeInsuranceCompany.com

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:_____

Is the Guardianship still valid? Yes ☐ No ☐	
Do you agree to notify Senior Life immediately if any changes are made to the Guardianship status that affects your authority? Yes ☐ No ☐	

SIGNATURE

_____   Date:_____
  (Guardian's Signature)

CALIFORNIA FRAUD ENDORSEMENT

For your protection California law requires the following statement to appear on this form.

"Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

The coverage under the Policy to which this Endorsement is attached remains the same.

ENDFRA22