
THIRD PARTY PAYEE AUTHORIZATION

CONTRACT NUMBER _____ OWNER _____

ADDRESS _____

DAYTIME PHONE # () _____

As a convenience to me, I request and authorize the Company to make payments for my benefit, based upon appropriate paperwork that is submitted, directly to:

Name of Payee

Account Number

Address

City, State, Zip

In authorizing this direction of payment, I will indemnify and hold the Company harmless as to the timely crediting to my account.

I understand that any distribution will be reported to the Internal Revenue Service (IRS). I understand that this is not an Electronic Funds Transfer and my Third Party Payee will receive a paper check. I have been advised to contact my tax advisor about concerns regarding account withdrawals.

This authorization continues until withdrawn in writing by the undersigned and his/her beneficiaries.

THE FORM MUST BE COMPLETED AND SIGNED IN INK BY THE PERSON OR PERSONS, WHO UNDER THE TERMS OF THE POLICY, HAVE THE RIGHTS OF OWNERSHIP.

Contract Owner's Signature _____ Date _____

COMMUNITY PROPERTY STATES

If you currently reside in one of the following States (or **Puerto Rico**) please complete the additional information below:

**Arizona
California
Idaho**

**Louisiana
New Mexico
Nevada**

**Texas
Washington
Wisconsin**

1. If you have **never been married**, please acknowledge by signing here.

Signature

Date

2. If you are **currently married**, your spouse can consent to the transaction by signing here.

Spouse's Signature

Date

3. If your **spouse is deceased**, please attach a copy of the death certificate.

4. If you are **divorced**:

- (A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.
- (B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

Ex-Spouse's Consent

Ex-Spouse's Signature

Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY

IMPORTANT: PLEASE ATTACH A VOIDED CHECK