

Designation of Third-Party Notice

You will receive notice if your policy is about to lapse (terminate) because you have not paid premiums. We will be glad to send a copy of this notice to another person if you would like. That person will not be responsible for payment of the premium, and you will always receive your own copy of the notice. If you want an extra copy sent to another person, please give us that person’s name and address. While your policy is in force, you may make such designation or change an existing designation, by submitting a written notice to us containing the name and address of the third-party designee.

1. As the Owner of a life insurance policy, I hereby appoint the following individual/s to receive a copy of any future notice of cancellation, lapse or non-renewal of the policy referenced below.
2. If the designated third party/s wishes to cancel receipt of notice from the Serb National Federation (SNF Life), the third party/s will notify, in writing, both the SNF Life and the Owner.
3. If the Owner wishes to rescind an appointment/s, written notification will be sent by the Owner to the SNF Life.

THIRD PARTY DESIGNATION

1. Certificate Number: _____ Date: ___ / ___ / _____
 Third Party Notice, Designee: *(Print Name)* _____
 Address: _____

 Phone Number: (____) ____ - _____

2. Certificate Number: _____ Date: ___ / ___ / _____
 Third Party Notice, Designee: *(Print Name)* _____
 Address: _____

 Phone Number: (____) ____ - _____

3. By my signature below, I decline to designate a third party(s).
 Signature, Owner: _____ Certificate Number: _____