

# SLOVAK CATHOLIC SOKOL

*A Fraternal Benefit Society*

## Designation of Third Party Notice

You will receive notice if your Certificate 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 Certificate 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 Certificate, I hereby appoint the following individuals to receive a copy of any future notice of cancellation, lapse or non-renewal of the Certificate referenced below.
2. If the designated third party/s wishes to cancel receipt of notice from the Slovak Catholic Sokol (SOKOL), the third party/s will notify, in writing, both the SOKOL and the Owner.
3. If the Owner wishes to rescind an appointment(s), written notification will be sent by the Owner to the SOKOL.

### 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: \_\_\_\_\_