

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Columbia Mutual Life Ins Co
P. O. Box 347563
Pittsburgh PA 15251-4563



9590 9402 6800 1074 4234 07

2021 1970 0002 2815 9046

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

BNY MELLON

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

JAN 04 2022

412-234-4820

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery sured Mail	
<input type="checkbox"/> Collect on Delivery Restricted Delivery sured Mail Restricted Delivery (Over \$500)	