COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
Vestal Parkway East, PO Box 1381, Binghamton, NY 13902-1381
Telephone: (607) 724-2472   Fax: (607) 724-4435

THIRD PARTY DESIGNEE OPTION - NEW YORK

Insured: **CLAUDE A SIMON**	**Policy No.: 10059783**

If you have any questions or concerns, please contact: | **Keep this portion for your records:**

Agent **A000029162**   Agency **O0000000996**
SOUTHERN TEAM-HOME OFFICE
c/o **SOUTHERN TEAM-HOME OFFICE**
VESTAL PKWY E
BINGHAMTON,NY 13902

If you are 62 years of age or older, you have an option to designate a person (Third Party Designee) to receive copies of any Important Insurance Notices we may mail to you. Important Insurance Notices consist of Notices of Cancellation, Non¬Renewal,or Conditional Renewal.

If you would like to designate a person, complete the form on the reverse side of the notice below and return to us by **Certified Mail, Return Receipt Requested.**

If the person you designate wishes to terminate his or her status as a third party designee, he or she must provide written notice to both you and us.

This form must be returned to us by **CERTIFIED MAIL, RETURN RECEIPT REQUESTED**, at the following address:

> **COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**
> Vestal Parkway East, P.O. Box 1381
> Binghamton, NY 13902-1381
> **ATTN:** CUSTOMER SERVICE

PLEASE SEE REVERSE SIDE FOR IMPORTANT THIRD PARTY DESIGNEE INFORMATION

THIRD PARTY DESIGNEE FORM

Insured: **CLAUDE A SIMON**	**Policy No.:** **10059783**

CLAUDE A SIMON
534 WEST 42ND ST APT 8
NEW YORK NY 10036

Form No. 4130-CFG

Columbian Financial Group
Vestal Parkway East, P.O Box 1381
Binghamton, NY 13902-1381

CLAUDE A SIMON
534 WEST 42ND ST APT 8
NEW-YORK NY 10036

THIRD PARTY DESIGNEE FORM   *Return this portion*

Signature of Policyowner: _____   **Date:** _____

I hereby give permission to accept any Important Insurance Notices on behalf of the named Insured.

Signature - Third Party Designee _____   **Date**

Please indicate address of Third Party Designee	
Name	
Street	
City	**State**	**Zip Code**