



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: DEIRDRE DORE	Policy No.: 10061441
If you have any questions or concerns, please contact: Agent A000000999 Agency O000000001	
Keep this portion for your records:	
OFFICE PAYS c/o OFFICE PAYS VESTAL PARKWAY EAST PO BOX 1381 BINGHAMTON, NY 13902-1381	

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: DEIRDRE DORE	Policy No.: 10061441
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**DEIRDRE DORE
C O CLAUDE SIMON
534 WEST 42ND ST APT 8
NEW YORK NY 10036**



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

DEIRDRE DORE
C O CLAUDE SIMON
534 WEST 42ND ST APT 8
NEW YORK NY 10036

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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