



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

8/19/05
SCANNED

4/3/05
SCANNED

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

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



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

DEIRDRE DORR
C O CLAUDE 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

Please indicate address of Third Party Designee

Name

Street

City

State

Zip Code