



CMFG Life Insurance Company

RIGHT TO DESIGNATE THIRD PARTY TO RECEIVE NOTICE OF CANCELLATION

You have the right to designate an additional person (a third party) to receive notice of impending cancellation, termination, or lapse of this policy due to nonpayment of premium.

Do you wish to designate a third party to receive notice of impending cancellation, termination, or lapse of this life insurance policy at this time?

- **If YES**, complete the information below and return this notice to us at the address provided. You may change your designation at any time in the future.
- **If NO**, simply retain this notice. You may designate a third party at any time in the future.

2012-TPN-ME

THIRD PARTY NOTICE REQUEST FORM

Office Use Only:
DC: 77
WQ: 885

(Please Print)

Owner's Name _____ Policy No. _____

Owner's Mailing Address _____

(City)

(State)

(Zip Code)

Third Party Designee's Name _____

Third Party Designee's Mailing Address _____

(City)

(State)

(Zip Code)

Return this form to: CMFG Life Insurance Company
P.O. Box 61
Waverly, IA 50677-0061