

CUNA MUTUAL GROUP

MEMBERS Life Insurance Company

P.O. Box 61 | Waverly, IA 50677-0061
Phone: 800.779.5433 | Fax: 608.236.8030

Office Use Only Doc Code: 77 WQ: 885
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THIRD PARTY NOTICE REQUEST FORM

You have the option to designate an additional person to receive notice of any intent to cancel your policy or certificate for nonpayment of premium.

Prior to cancellation of a policy or certificate for nonpayment of premium, we will send notice of pending cancellation to you and to the designated third party, if any, at the last address(es) provided. The notice will state the amount of unpaid premium, the date by which premium must be paid, and the date that coverage is to terminate.

If you wish to designate a third party to receive notice of any intent to cancel your coverage for nonpayment of premium, please complete the section below. Please contact our office if you would like to change or terminate the Third Party Designee.

New Jersey & New York Instructions: New Jersey & New York require that you return this completed form to the insurer by CERTIFIED MAIL WITH A RETURN RECEIPT REQUESTED.

Policy/Certificate Number _____

Owner's Name _____

Owner's Address _____
Street

City _____ State _____ ZIP Code _____

Third Party Designee's Name _____

Third Party Designee's Address _____
Street

City _____ State _____ ZIP Code _____

Third Party Designee's Telephone Number (____) ____ - _____

Both the Owner and Third Party Designee must sign below:

Owner's Signature

Date

Third Party Designee's Signature

Date

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

Or fax to: 608.236.8030