

**THIRD PARTY NOTICE REQUEST**

You have the right to designate a third party to be notified before your policy is cancelled for nonpayment of premium. If you elect to name a third party and your premium is not paid before the expiration of the grace period, the secondary addressee named below will be notified at least 21 days before your policy is cancelled.

- I hereby designate the following person to receive additional notification of Colonial Life & Accident Insurance Company's intent to cancel my Life Insurance Policy due to nonpayment of premium.

Name of Designated Person \_\_\_\_\_

Address (Number and Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

- I understand that I have the right to designate at least one (1) person other than myself to receive notice of lapse or termination of this Life Insurance Policy for nonpayment of premium. I understand that notice will not be given until after the expiration of the grace period. I elect not to designate any person to receive such notice.

\_\_\_\_\_  
Date mm/dd/yyyy

\_\_\_\_\_  
Signature of Proposed Insured or Proposed Owner