



P.O. Box 7192 • Indianapolis, Indiana 46207-7192 • Phone 800-428-3001



Policyowner's Signature Verification Form

The electronic application process to issue your life insurance policy involved electronic signatures. In order for our company to make future changes to your policy we need to obtain your signature to use as verification for our records.

The Signature Verification form must be signed, returned to our office with a copy of driver's license or state identification card prior to processing any transaction that requires the policyowner's signature (such as a beneficiary change, loan, surrender etc.).

Policy Number	Insured's Name	
POLICYOWNER NAME (Print Full Name)		
Email Address (optional)		
Address		
City	State	Zip Code

I hereby represent the above information is true and accurate.

Signature of Policyowner: _____
(Sign in the Presence of a Notary)

State of _____

County of _____

I hereby certify on this _____ day of _____, _____ personally appeared before me the signer and subject of this form, who signed or attested to the same in my presence, and presented their identification as proof of his or her identity.

Notary Public: _____
(Print Name)

Notary Public Signature: _____ My Commission Expires: _____