

Secondary Addressee Request Form

National Guardian Life Insurance Company • Settlers Life Insurance Company • PO Box 1191 • Madison WI 53701-1191 Phone 800.988.0826 • Fax 866.228.9927 • www.nglic.com

Policy Number	Policy Owner
, , ,	tional person who will receive notification of possible lapses or ile you will continue to receive these notices, the individual listed
You are responsible for notifying the company of any charge your designation at any time by written	anges in address for either yourself or your secondary designee. notice to us.
At this time I choose not to designate a Secondary A at any time by giving written notice.	Addressee for lapse notices. I understand I may add one
Secondary Addressee Designation	
Name	
Street Address /PO Box	Telephone Number
City	State Zip Code
Policyowner Signature	Date