



Third Party Designation Life Conversion

You may designate one or more person(s) to receive copies of any notices sent to you advising you that your Life Conversion policy will terminate due to nonpayment of premium. Please complete this form with the contact information for anyone you wish to designate.

Your Name: _____ Policy Number: _____

Designation(s):

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA). In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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