## Vantis Life Insurance Company

PO Box 310 Millville NJ 08332-0310 P: 1-866-826-8471 F: 1-860-298-5483 WWW.VANTISLIFE.COM

## Third Party Notice Request Form

## Please print all answers

Policyowners can designate a third party (someone other than the insurer and the policyowner) to receive notice of the scheduled termination of a life insurance policy for nonpayment of premium. Also, we will send premium notices to the address of a payor other than the policyowner if the policyowner so elects.

If you wish to name a secondary addressee to receive notice of a past due premium and impending lapse of coverage, or wish premium notices to be sent to the person who pays the premiums, please provide the information below and return this Third Party Notice Request Form to us. When we receive it, it will become part of the policy.

Name of Insured (Fir	st)	(Middle)		(Last)		
Policy Number(s)						
Name of Policyowner	(If Different From In	sured) (First)	(Middle)	(Last)		
Name of Secondary A	ddressee (First)	(Middle)		(Last)		
Address (Street)		(City)			(State)	(Zip)
Name of Payor to Rec	eive Premium Notice	e (First)	(Middle)	(Last)		
Address of Payor (Stre	eet)	(City)			(State)	(Zip)
Signature of Policyow	ner					Date (mm/dd/yyyy)
Please return form to Vantis Life Insurance Company, PO Box 310 Millville NJ 08332-0310						