Secondary Addressee Designation

Modern Woodmen of America
1701 1st Avenue, Rock Island, IL 61201
Phone: 309-558-3077 or 1-800-447-9811
www.modernwoodmen.org

Modern Woodmen
FRATERNAL FINANCIAL

A Insured/owner information

Insured Name: _____
First Middle Last

Date of Birth: _____
DD-MM-YYYY

Owner Name: _____
(If different than insured) First Middle Last

B Secondary addressee information

Dear Insured/Owner:

You have the opportunity to designate a secondary addressee to receive a premium reminder notice. If requested, this alternative person will only receive a notice should a late payment situation arise. All other premium due notices, as well as late payment notices, will be sent to the designated address of the Certificate Owner.

If you desire a secondary addressee to receive a reminder notice, or you wish to change the person currently designated, please complete the form below.

I, _____, elect to designate the secondary addressee named below to receive a premium reminder
notice in the event a late payment situation should arise on Certificate # _____.

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone #: _____

Email: _____

C Signature

Signature of Owner_____ Date_____

If a secondary addressee is not desired for the late payment notices, please file this form with your certificate.

If at a later date, you elect to complete and submit this form, please send it to:

Modern Woodmen of America
Premium Services
PO Box 2005
Rock Island, IL 61204-2005