



NOTICE OF EMPLOYER INTENT TO APPLY FOR OR CHANGE INSURANCE ON EMPLOYEE'S LIFE
(IMPORTANT: DEATH BENEFIT MAY BE FULLY TAXABLE TO POLICYOWNER UNLESS CONSENTS ARE
COMPLETED AT OR BEFORE APPLICATION OR CHANGE REQUEST IS SIGNED)

TO: _____ ("Employee/Director") **DATE OF BIRTH:** _____

☐ New contract

☐ Existing contract(s) list policy number(s) of existing North American contract _____

As required by Internal Revenue Code Section 101(j), _____ ("Employer") is
[Name of employer or Trust Sponsored by Employer]

hereby providing you with the following Notice:

1. Employer is applying for, or requesting a material change to, one or more life insurance contracts on your life described above.
2. The maximum face amount of life insurance that could be provided on your life at the time of the issuance or material change of each of the Contracts is _____. (Note that the maximum face amount may be higher than the actual face amount.)
3. Employer will be a direct or indirect beneficiary of any proceeds payable under the Contracts at the time of your death.

EMPLOYEE CONSENT TO ISSUANCE OR CHANGE OF EMPLOYER-OWNED LIFE INSURANCE

I understand that Employer is applying for, or requesting a material change to, one or more life insurance contracts on my life described above. I have read and understand the Notice provided above and, accordingly, make the following representations:

1. I consent to being insured under the Contracts and to future increases in the face amounts of the Contracts not to exceed the maximum aggregate face amounts shown above.
2. I consent to the coverage provided by the Contracts continuing after my employment with, or status as a Director of, Employer terminates.
3. I understand that Employer will be a direct or indirect beneficiary of death proceeds payable under the Contracts at my death.
4. The Employer has an insurable interest in my life.
5. I understand the Employer is the Owner and neither I nor my estate, administrators, heirs, or assignees have any rights in the Contract or in any Contract proceeds, unless Employer notifies the insurer otherwise in writing.

Signature of Employee or Director

Date