

**NOTICE AND CONSENT FORM FOR
EMPLOYER-OWNED LIFE INSURANCE*
(Non-New York and Non-Washington Employers)**

Note: This form must be accompanied by the document entitled "Important Information Regarding Employer-Owned Life Insurance." Cat #. 137310

This form is being provided to assist non-New York and Non-Washington employers in meeting certain notice and consent requirements for employer-owned life insurance under the tax law. Employers should consult their legal and tax advisors to confirm whether this form is appropriate for their particular circumstances. We do not give legal or tax advice. If used, this form must be retained by the employer with its tax records.

Applicable Policyholder (please print) _____
(Employer or "related person")
Employee (please print) _____

NOTICE TO EMPLOYEE

Employee is hereby notified that:

- Employer intends to purchase a life insurance contract or modify an existing contract insuring Employee's life;
- the maximum face amount at issue for which Employee's life could be insured is \$ _____; and
- Employer may be a beneficiary of all or a portion of the proceeds payable from the life insurance contract upon Employee's death.

CONSENT OF EMPLOYEE

I, _____, hereby consent to the life insurance coverage described above and to such coverage continuing after I terminate employment with Employer.

Date

Employee Signature

Employee Name (Please Print)

CERTIFICATION OF EMPLOYER

Employer hereby certifies:

- 1) It has received - the document entitled "**Important Information Regarding Employer-Owned Life Insurance Policies**" Cat #137310; and
- 2) That Employee is (check one):
 - A director or highly compensated employee of the Employer or a related person as defined in Internal Revenue Code Section 101(j). For this purpose, a highly compensated employee generally includes an employee who:
 - at any time during the year or preceding year owned more than 5% of the business;
 - had compensation for the preceding year in excess of the dollar limit in Internal Revenue Code Section 414(q) (For example, this amount is \$110,000 for 2010. This amount is subject to change on an annual basis.); or
 - is among the highest paid 35% of employees
 - Not a director or highly compensated employee of the Employer or a related person as defined in Internal Revenue Code Section 101(j).

Date

Signature of Authorized Business Representative of the
Applicable Policyholder (Employer or "related person")

Name and title of Authorized Business Representative
(Please Print)

*For the purpose of this form, the term employer refers to the actual employer or a "related person" as described in IRC Section 101(j)(3)(B)(ii).

Producer: A copy of this form may be submitted with the application if it is desired to make it part of the permanent policy file.