

Telephone and Electronic Authorization

INSURER

OM Financial Life Insurance Company

TELEPHONE AND ELECTRONIC AUTHORIZATION

TELEPHONE AND ELECTRONIC INSTRUCTIONS

- By checking the box and completing this section, I (we) am (are) authorizing another person to receive this privilege. I (we) authorize and direct OM Financial Life Insurance Company to act on telephone or electronic instructions from person(s) identified below who can furnish proper identification. OM Financial Life Insurance Company will use reasonable procedures to confirm that instructions given are authorized and genuine. As long as these procedures are followed, OM Financial Life Insurance Company and its affiliates and their directors, trustees, officers, employees, representatives and/or agents will be held harmless for any claim liability, loss or cost.

Authorized Individual's Name	Date of Birth
Owner Signature	Date
Joint Owner Signature	Date