



PACIFIC GUARDIAN LIFE

CHECK DELIVERY AUTHORIZATION FORM

If you would like to have your check delivered to someone other than yourself, please complete this form in its entirety.

Please check the appropriate box and complete the information below:

- I would like to have my check picked up by the person designated below, who will provide Pacific Guardian Life with identification that contains a photograph of his/her self

Name: _____
Print Name

- I would like to have my check mailed to the person designated below at the address designated below

Name: _____
Print Name

Mailing Address: _____
Number and Street Room #

City State Zip Code

I hereby authorize and direct Pacific Guardian Life Insurance Company to have the check for my (annuity/claim/loan/partial withdrawal/surrender), which is payable to me, _____, picked up or mailed to the person, and in the manner, indicated above. Customer Name

Your Name: _____
Print Name

Your Signature: _____ Date: _____

HOME OFFICE USE ONLY: