

SUBJECT : Policy Number _____

Gentleman:

This to certify that I am the Insured/Owner/Guardian named in the captioned Policy Number and that my present signature is the one appearing below which appears different from my old signature shown in my application for insurance.

I hereby authorized PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION to recognize no other signatures for all transactions under my said policy except the signatures appearing below.

PRINT NAME OF INSURED : _____

Present Signature of Insured:

Old Signature of Insured:

Witness to Signature of Insured:

NAME (Please Print)

Signature

A department of:

