

First **Catholic** Slovak Ladies **Association**

24950 Chagrin Boulevard, Beachwood Ohio 44122 1-800-464-4642 www.FCSLA.com

Third Party Delivery Permission

I request that the FCSLA mail the life insurance / annuity certificate for which I have applied this day directly to _____

Print name & address clearly

_____.

Without authority to mail the certificate to a third party, the certificate will be mailed to the insured, the owner of the life insurance certificate, or the annuitant.

Signature of insured / owner of life insurance/ annuitant

Date

9/05