



Instructions

You have a right to provide an alternative address, telephone number, or other method of contact if a valid order of protection has been issued. First Security Benefit Life Insurance and Annuity Company of New York's (FSBL) Confidentiality protocols will be implemented within three business days of receipt of a valid order of protection and this completed Form. Your request will remain in effect for the duration of the order of protection or until subsequent instructions are provided.

1. Request for Insured's Confidential Communication

Name _____
First MI Last

Contract Number _____

Date of Birth _____ **Relationship to Contractowner** _____
(mm/dd/yyyy)

Current Address _____
Street Address City State Zip Code

I, the Insured, request that FSBL send communications to me by the following alternative means or at the following alternative location because disclosing this information could endanger me:

In care of _____
(If you are using someone else's address, then enter his/her name here)

Alternative Mailing Address _____
Street Address (PO Box is acceptable) City State Zip Code

Alternative Phone Number _____ **Alternative E-mail Address** _____

X _____
Signature Date (mm/dd/yyyy)

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2. Provide Parents, Guardians, or Legal Representatives (if applicable)

If the Insured is a child younger than 18 years old or incompetent, and the person making this request is the child's parent or guardian, then please provide:

Parent or Guardian's Name _____
First MI Last

Relationship to Insured _____

If a legal representative, such as an attorney, is making this request on behalf of the Insured, then please provide:

Legal Representative's Name _____
First MI Last

Relationship to Insured _____

Organization or Firm Name _____

Business Address _____
Street Address City State Zip Code

Business Phone Number _____ Business E-mail Address _____

X _____
Signature of Parent, Guardian or Legal Representative Date (mm/dd/yyyy)

3. Mailing or Delivery Instructions

Mail or deliver this completed Domestic Violence Confidential Communication Request Form to either FSBL's Administrative Office or its Home Office:

First Security Benefit Life Insurance and Annuity Company of New York

Administrative Office
PO Box 750497
Topeka, KS 66675-0497

FSBL will notify you, as soon as practicable, prior to releasing any information pursuant to a warrant, subpoena, or court order, that it intends to release such information, unless prohibited by such warrant, subpoena, or court order.

Mail to:

First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

P.O. Box 750497 | Topeka, Kansas 66675-0497

Fax to: 785.368.1772

Visit us online at FSBL.com

