



**GROUP MEMBERSHIP ASSOCIATION –SECONDARY ADDRESSEE DESIGNATION**

This notice is to advise you that you have the right to designate a secondary addressee on your insurance policy. This option is available to protect you from an unintended lapse of your coverage(s). In the event you are unable to make your premium payment, the secondary addressee would receive a courtesy copy of any lapse notices that may be sent to you in the future.

Please keep this document as it is part of the policy.

The designation of a secondary addressee to receive these courtesy notifications does not create a liability on the designated party to pay any premiums.

If you do not wish to designate a secondary addressee, no action is necessary from you. However, if you believe designating a secondary addressee would be beneficial, please complete the lower portion of this form and return it to:

**American Bar Endowment**  
321 N. Clark Street  
Chicago, IL 60654

For your protection, please consider returning the form to us by certified mail, return receipt requested.

If you have any questions regarding this form or if you would like to remove or replace a designation, please call the ABE, toll-free at 1-800-621-8981, Monday – Friday 8:15am – 4pm.

**SECONDARY ADDRESSEE DESIGNATON**

Owner’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Policy/Certificate Number(s): \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that it is my right to designate a third-party. I hereby designate the person named below as my third-party addressee.

Secondary Addressee’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Secondary Addressee (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print) \_\_\_\_\_

**AUTHORIZING SIGNATURE (Owner)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_