

**NOTICE TO EMPLOYEE OF
INTENT TO INSURE & CONSENT TO INSURE
WITH EMPLOYER-OWNED LIFE INSURANCE**

_____ "Company" intends to purchase one or more life insurance policies on your life (with you as the insured). This is your notice that:

- a. Company will be the policy owner and the beneficiary of any policy death benefit proceeds.
- b. Company may, at its sole discretion, continue this coverage after your separation from service, and Company will continue to be the policy owner and beneficiary of any policy death benefit proceeds.
- c. The maximum policy face amount of the total employer-owned life insurance coverage to be placed upon your life is \$_____.

CONSENT OF EMPLOYEE

I have read the foregoing Notice and understand the nature and purpose of Company's purchase of life insurance on my life and **I hereby give consent** to Company to obtain this coverage and continue coverage after my employment with Company terminates.

Insured's Printed Name

Insured's Signature

Date

Witness's Printed Name

Witness's Signature

Joint Insured's Printed Name

Joint Insured's Signature

Date

Witness's Printed Name

Witness's Signature

This Notice is provided pursuant to Section 101(j) of the Internal Revenue Code. If you have any questions concerning its completion, you should consult with your tax advisor.