



DESIGNATION IDENTIFICATION FORM

Insured Name _____ Contract Number(s): _____

1. ATTORNEY-IN-FACT:

The US PATRIOT Act requires financial institutions verify the identity of its customers and individuals authorized to act on behalf the customer on a policy. As an authorized person to the policy referenced above USFL needs to collect the following information to verify the identity of the Attorney-in-Fact(s), the individual(s) named in the submitted Power of Attorney document.

a) Attorney-in-Fact Name _____

First Middle Last

Date of Birth _____ SSN/TIN/EIN # _____

Government Issued Picture ID Type _____

Government Issued Picture ID Number _____

Residential Address _____

Street City State Zip Code

Day Time Phone Number _____ Email Address _____

Date _____ Signature of Attorney-in-Fact _____

b) Attorney-in-Fact Name _____

First Middle Last

Date of Birth _____ SSN/TIN/EIN # _____

Government Issued Picture ID Type _____

Government Issued Picture ID Number _____

Residential Address _____

Street City State Zip Code

Day Time Phone Number _____ Email Address _____

Date _____ Signature of Attorney-in-Fact _____



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

2. THIRD-PARTY AUTHORIZATION:

a) Third-Party Name _____
 First Middle Last
Date of Birth _____ SSN/TIN/EIN # _____
Residential Address _____
 Street City State Zip Code
Day Time Phone Number _____ Email Address _____

b) Third-Party Name _____
 First Middle Last
Date of Birth _____ SSN/TIN/EIN # _____
Residential Address _____
 Street City State Zip Code
Day Time Phone Number _____ Email Address _____

3. TRUSTED CONTACT:

a) Trusted Contact Name _____
 First Middle Last
Date of Birth _____ SSN/TIN/EIN # _____
Residential Address _____
 Street City State Zip Code
Day Time Phone Number _____ Email Address _____

4. SIGNATURES:

Owner Signature _____