

**SUBJECT : Policy Number** \_\_\_\_\_

Gentleman:

This to certify that I am the Insured/Owner/Guardian named in the captioned Policy Number and that my present signature is the one appearing below which appears different from my old signature shown in my application for insurance.

I hereby authorized PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION to recognize no other signatures for all transactions under my said policy except the signatures appearing below.

**PRINT NAME OF INSURED :** \_\_\_\_\_

**Present Signature of Insured:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Old Signature of Insured:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness to Signature of Insured:**

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
Signature

A department of:

