

**DESIGNATION AND CONSENT FOR ADDITIONAL ADDRESSEE**

You have the option to designate one other individual to receive duplicate notices of important documents. These documents pertain to payment of your policy premium and may include late payment offers, grace notices, automatic premium loan notices, and lapse notices. These notices will be mailed to the owner of the policy, as well as the designated individual until the owner requests otherwise.

If you choose to make this designation, please provide the following information below and return it to the Company at the address shown above. We recommend you notify the authorized person of this action.

Check here if this is an update to an existing designation:

This release will cover the following policies only:

- All of the Owner's life insurance policies
- Only the listed life insurance policy numbers: \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Phone Number for Authorized Person

\_\_\_\_\_  
Mailing Address for notices

\_\_\_\_\_  
Birthdate (for identity verification only)

\_\_\_\_\_  
Mailing Address for notices (continued)

\_\_\_\_\_  
City, State, Zip

I authorize FBL Financial Group, Inc., its affiliated companies\* and/or its agents and/or Registered Representatives (collectively "FBL") to release and discuss information only as it relates to premium payment and potential policy lapse or termination of the Covered Policies. This information may be disclosed in oral or written form.

For consent to release detailed information, use form number 433-049(05-16).

I UNDERSTAND THAT SAID INFORMATION MAY BE PROTECTED BY STATE AND/OR FEDERAL PRIVACY LAWS. I HEREBY WAIVE SUCH PROTECTION AS IT MAY APPLY TO THE RELEASE OF INFORMATION PURSUANT TO THE TERMS OF THIS AUTHORIZATION.

I understand that I may revoke this authorization at any time except to the extent that prior action has been taken on this authorization. **This authorization for release of information will not expire unless updated or revoked by me in writing.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Last four digits of Owner's Social Security Number

\* "Affiliated companies" shall include any entity now in existence or that comes into existence that controls, is controlled by or is under common control with FBL Financial Group, Inc. "Controls" means the power to direct or cause to be directed the management or affairs of the applicable entity.