

IMPORTANT NOTICE FOR POLICYHOLDERS AGE 70 OR OLDER

SENIOR CITIZEN THIRD PARTY DESIGNEE FORM

If you are age 70 or older, you can designate a third party, such as a relative or friend, to receive copies of any renewal, non-renewal, end of assignment period, cancellation, or reinstatement notices you may receive for this policy. Such notices will be sent to both you and the person designated. If you wish to designate a third party, please complete the information below and return to

Alaska Automobile Insurance Plan
Administered by the Western Association of Automobile Insurance Plans
P.O. Box 6530
Providence, RI 02940-6530

This form must be signed and dated by you and the designated third party and returned to us by certified mail, return receipt requested. The designation will be effective no later than 10 working days from the date of receipt by us.

If, at a later time, you want to change or discontinue the designated third party, or if your third party has a change of address, you must notify us by sending your information to the address shown above.

I hereby designate _____ to receive copies of all
Name of Third Party

renewal, non-renewal, end of assignment period, cancellation or reinstatement notices sent to me for this policy by the service provider.

Address of Designated Third Party

Signature of Insured

Date

Policy Number

I hereby accept the designation made by the above insured for me to receive copies of all renewal, non-renewal, end of assignment period, cancellation, and reinstatement notices sent by the service provider. This designation as a third party shall not constitute acceptance of any liability on my part for services provided to the above insured.

Signature of Designated Third Party

Date