



## CONFIRMATION

By signing below: I acknowledge this request is subject to the provisions and conditions of the policy under which I am covered and that the insurance company may request additional information in order for my request to be processed. I understand by submitting this document, I revoke any existing beneficiary designations with respect to any proceeds payable at the death of the insured.

\_\_\_\_\_  
*Insured's Signature*

\_\_\_\_\_  
*Date*

Insurance coverage is underwritten by Berkley Life and Health Insurance Company, (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978), 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690.

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company and/or StarNet Insurance Company, both member companies of W.R Berkley Corporation and both rated A+ (Superior) by A.M Best. For complete details, please contact us at [SpecialRiskSolutions@BerkleyAH.com](mailto:SpecialRiskSolutions@BerkleyAH.com)