

HEARTLAND NATIONAL

P.O. Box 2878, Salt Lake City
Utah 84110-2878



Life Insurance Company

Date: _____

Re: _____

Dear: _____

In order for us to assign benefits we must have the authorization below signed and dated.

I hereby authorize Heartland National Life Insurance Company to forward all benefits directly to each individual provider.

Signed: _____ Date: _____

Please forward to the attention of: _____