

Confidential Communication Request



You have a right to provide an alternative address, telephone number, or other method of contact if you have been issued a valid Order of Protection against the Contract owner. The Company will update its records within three business days of its receipt of the Order of Protection and this completed Form. The updated information will remain in effect for the duration of the Order of Protection, if specified therein, or until we receive subsequent instructions from you.

If the Company is served with a warrant, subpoena, or court order requiring us to provide any information relative to this Contract or the alternative address/contact information you have provided below, we will endeavor to notify you, as soon as practicable, prior to releasing the requested information, unless prohibited from doing so by the terms of such warrant, subpoena, or court order.

For questions or help with this Form, call us at 877-253-2323. Throughout this form, "the Company" refers to the issuing company¹.

1 Contract Information (please print clearly)

Contract number		
Your Name		Date of Birth (mm/dd/yyyy)
Address		
City	State	Zip code
Relationship to Contract Owner against whom you have obtained an Order of Protection		

2 Annuitant/Insured's Alternate Contact Information

- I, the Annuitant/Insured, request that the Company refrain from communicating information about me or any child that resides with me, to the Contract owner against whom I have obtained the attached Order of Protection.
- I further request that the Company send written communications to me by the following alternative means or at the following alternative location.
- I certify that disclosure of my location to the Contract owner, or others, could endanger me or any child that resides with me.

In care of (if you are using someone else's address, enter his/her name here)		
Alternative Address (P.O. Box is acceptable)		
Alternative City	Alternative State	Alternative Zip code
Alternative Email Address		Alternative Phone Number

3 Signature(s)

Annuitant/Insured's signature X	Date (mm/dd/yyyy)
Please PRINT name below	

4 Parent, Guardian, or Legal Representative Authorization (if applicable)

If the Annuitant/Insured is a child younger than 18 years old or incompetent, and the person making this request is the child's parent or guardian, please provide the following:

Parent or Guardian's Name	Relationship to Contract Owner
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If a legal representative, such as an attorney, is making this request on behalf of the Annuitant/Insured, please provide the following:

Legal Representative's Name	Relationship to Annuitant/Insured
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Organization or Firm Name		
Business Street Address		
Business City	Business State	Business Zip code
Business Email Address		Business Phone Number

Signature of Parent, Guardian or Legal Representative X	Date (mm/dd/yyyy)
Please PRINT name below	

Contact us

 **By mail**
Delaware Life
1601 Trapelo Road, Suite 30
Waltham, MA 02451
www.delawarelife.com

 **By fax**
781-890-1048

 Customer Service **877-253-2323** M–F 8:30 a.m. – 6:00 p.m., ET

¹ Delaware Life Insurance Company is authorized to transact business in all states except New York, as well as in the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Delaware Life Insurance Company of New York is authorized to transact business in New York and Rhode Island. Both companies are members of the Delaware Life group of companies. Each company is responsible for its own financial condition and contractual obligations.

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