

**Fill out the form below and mail to the address below:**

Choose your type of request (you may choose more than one):

- Know** the personal information the company has collected
- Delete** the personal information the company has collected
- Correct** the personal information the company has collected

**Contact Information:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Check if you are a parent, guardian, or authorized agent submitting on behalf of someone and list your name below

Name of parent, guardian, or authorized agent – if applicable \_\_\_\_\_

**Personal Information:**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Last four of SSN \_\_\_\_\_

**Information:**

**What's your relationship with National Western Life Insurance Company? Choose all that apply.**

- Beneficiary of former or existing client
- Claimant
- Existing client with active policies
- Former client with cancelled policies
- Payer of a policy or account
- Agent
- Employee
- Other/NA (Please Explain) \_\_\_\_\_

**List Policy/Agent Numbers, if applicable:** \_\_\_\_\_

By submitting this form I represent I am at least 13 years old. I certify all of the information submitted on the request form is true and correct as of this date to the best of my knowledge and belief. I further certify I am the person (or parent, guardian, or authorized agent of the person) whose personal information is the subject of this request. Additionally, I understand the information submitted will only be used by the National Western Life for the limited purpose of processing and recording my verifiable consumer request.

\_\_\_\_\_  
Signature