



# Civitan Whole Life Authorization Form

Civitan Charitable Gifting Program and Legacy Safeguard

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By executing this form, I give Civitan International the authority to purchase a National Guardian Life Insurance Company insurance policy on my life, naming Civitan as the owner of the policy. I further authorize and direct the Civitan International Representative to assign the death benefit of the life insurance policy to Civitan International. The Civitan International Representative is authorized to act as my Attorney-in-Fact for the completion of any and all insurance paperwork necessary to apply for insurance with National Guardian Life Insurance Company and to do any other acts necessary to effectuate this transaction.

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Purchaser's Signature

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Civitan International Representative Signature

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Purchaser's Name

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Date of Birth

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Civitan International Representative Name

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Date

## Contact Information:

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Address

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CITY

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ST

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Zip

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Best Phone Number

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Email Address

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**Please indicate below where your charitable gift will be applied.**

- The Civitan International Research Center
- The Civitan International General Fund (Unrestricted)
- The Civitan International Fellow Fund
- Other : \_\_\_\_\_