



# Trinity Life Insurance Company

## HOME OFFICE

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## ADMINISTRATIVE OFFICE

PO BOX 5205 • FRANKFORT, KY 40602-5205

Phone: (866) 440-1357 • Fax: (502) 875-7084

# PARENTAL CONSENT AGREEMENT

We, the undersigned, who are the father and mother of

\_\_\_\_\_  
(PROPOSED INSURED)

minor, do hereby give our full consent to the issuance, and continuance in force of Policy Number \_\_\_\_\_ issued by the Trinity Life Insurance Company, on the life of said minor; said Policy having been issued upon the application made by:

\_\_\_\_\_  
(NAME OF APPLICANT)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

who is the \_\_\_\_\_ (RELATIONSHIP) of said minor, and we hereby

authorize Trinity Life insurance Company to pay the benefits and/or proceeds under said policy to the person or persons entitled thereto according to the terms of said policy, and any riders or attachments thereto.

Witness our hands this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(SIGNATURE OF FATHER)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(SIGNATURE OF MOTHER)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)