



**COMMONWEALTH OF KENTUCKY
OFFICE OF INSURANCE
215 WEST MAIN STREET/P.O. BOX 517
FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604**

**ELECTION FORM FOR SAFEKEEPING OF SECURITIES
PURSUANT TO KRS 304.8-180**

The _____,
Name of Insurer

Street Address City State

hereby designates

Name of Bank

_____ to perform those safekeeping duties relating to
City & State

securities on deposit as authorized under KRS 304.8-095.

****Note: The named insurer's officers below are those designated to order security transactions pursuant to KRS 304.8-180(1) and MUST MATCH signatories on the Corporate Resolution.***

Signature

Signature

Name of Company Officer

Name of Company Officer

Title

Title

Date

Date

Return To: Kentucky Office of Insurance at the address above.

