

THE ASSOCIATION OF LIFE INSURANCE
BUIST M. ANDERSON DISTINGUISHED SERVICE AWARD
NOMINATION FORM

I nominate _____, who has held active and substantial membership in the Association of Life Insurance Counsel, as a candidate for the Buist M. Anderson Distinguished Service Award.

1. Please describe how this candidate has provided outstanding service *to the Association* (i.e. presented papers or participated on panels; served on the Board of Governors, as an elected officer, as a Section Chair or on special committees):

In addition to having provided outstanding service to the Association, an Anderson Award recipient must have provided outstanding service to the bar of the life insurance and financial services industry, to the industry or to colleagues in the industry.

2. Describe how this candidate has provided outstanding service *to the bar* of the life insurance and financial services industry (i.e. participated in insurance-related activities of the Tort and Insurance Practice Section of the ABA or in insurance-related activities of a state or local bar association; served as an educator in insurance law or contributed to legal scholarship through publication of learned articles or books on subjects of importance to the life insurance bar):

3. Please provide detail regarding the service this candidate has provided to the industry (i.e. served on committees of the ACLI or its predecessor organizations, presented papers or served as an elected officer in the Legal Section of the ACLI, participated in the activities of other national or state trade associations concerned with legal and regulatory matters involving life insurance companies, represented the life insurance industry before federal and state legislative bodies, participated in NAIC activities including membership on advisory committees, or held a staff or leadership position in a life insurance trade association):

Name of Nominee: _____

4. Describe how this candidate has willingly given both time and effort *to assist colleagues* in providing sound counsel and advice to their life insurance clients:

Submitted by: _____

Affiliation: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Date: _____

PLEASE ATTACH ADDITIONAL PAPER IF NECESSARY TO COMPLETE THE NOMINATION FORM.

PLEASE SUBMIT ALL NOMINATIONS TO:

Administrator
ALIC Administrative Office
14350 Mundy Drive Suite 800, #258
Noblesville, IN 46060
Phone: (317) 774-7500
Fax: (317) 614-7147
pcarey@alic.cc