

DISCLOSURE/COMPARISON FORM
TRUSTMARK INSURANCE COMPANY
 400 Field Drive • Lake Forest, IL 60045 • (800) 229-4543

Name of Proposed Insured _____ Address _____ Date of Birth _____

| <u>GENERAL INFORMATION</u> | EXISTING LIFE INSURANCE | PROPOSED LIFE INSURANCE |
|----------------------------|----------------------------|----------------------------|
| Name of Company | _____ | _____ |
| Policy Number | _____ | _____ |
| Basic Policy Generic Name | _____ | _____ |
| Name of Basic Policy | _____ | _____ |
| Rider 1; Generic Name | _____ | _____ |
| Rider 2; Generic Name | _____ | _____ |
| Rider 3; Generic Name | _____ | _____ |
| Issue Age | _____ | _____ |
| Date of Issue | _____ | _____ |
| Contestable Period Expires | _____ | _____ |
| Suicide Clause Expires | _____ | _____ |

| <u>PREMIUM DATA/ DEATH BENEFITS</u> | PREMIUM MODE AMOUNT | AGE PAY- ABLE TO | DEATH BENEFIT | AGE BENEFIT CEASES | PREMIUM MODE: AMOUNT | AGE PAY- ABLE TO | DEATH BENEFIT | AGE BENEFIT CEASES |
|--|---------------------------|---------------------|------------------|-------------------------------|----------------------------|---------------------|------------------|-------------------------------|
| Basic Policy | \$ | | \$ | | \$ | | \$ | |
| Rider 1 | \$ | | \$ | | \$ | | \$ | |
| Rider 2 | \$ | | \$ | | \$ | | \$ | |
| Rider 3 | \$ | | \$ | | \$ | | \$ | |
| Accidental Death Benefit | \$ | | \$ | | \$ | | \$ | |
| Option to Purchase Additional Insurance | \$ | | \$ | (Option Ages: _____) | \$ | | \$ | (Option Ages: _____) |
| Waiver of Premium Benefit | \$ | | \$ xxx | | \$ | | \$ xxx | |
| Disability Income Benefit | \$ | | \$ xxx | (Monthly Income: \$ _____) | \$ | | \$ xxx | (Monthly Income: \$ _____) |
| | | | | | | | | |
| Total Current Premium | \$ | | | | \$ | | | |
| Basic Policy Premium | Present \$ | _____ | | | Present \$ | _____ | | |
| | 5th Year \$ | _____ | | | 5th Year \$ | _____ | | |
| | 10th Year \$ | _____ | | | 10th Year \$ | _____ | | |
| | 15th Year \$ | _____ | | | 15th Year \$ | _____ | | |
| | 20th Year \$ | _____ | | | 20th Year \$ | _____ | | |
| | Age 65 \$ | _____ | | | Age 65 \$ | _____ | | |

| <u>CASH VALUES/DIVIDENDS</u> | *GUARANTEED CASH VALUE | *DIVIDENDS | *GUARANTEED CASH VALUE | * DIVIDENDS |
|------------------------------|---------------------------|------------|---------------------------|-------------|
| Currently | \$ | \$ | \$ | \$ |
| (last policy anniversary) | | | | |
| 1 year hence | \$ | \$ | \$ | \$ |
| 5 years hence | \$ | \$ | \$ | \$ |
| 10 years hence | \$ | \$ | \$ | \$ |
| At Age 65 | \$ | \$ | \$ | \$ |

* Current Death Benefit of Dividend Adds \$ _____

* Current Cash Value of Dividend Adds \$ _____

* Current Accumulated Dividend \$ _____

* Current Policy Loan \$ _____

Maximum Policy Loan Interest Rate _____% Maximum Policy Loan Interest Rate _____%

* Dividends are based on the current (19 _____) scale. * Dividends are based on the current (19 _____) scale.

* Dividends, policy loan and certain guaranteed cash value information concerning your existing insurance may not be known to our agent. Dividends are not guaranteed. However, they may materially reduce the cost of insurance and are an important factor to consider. Thus, you may obtain the omitted figures from the company that issued your existing policy. We will notify that company of your intent to replace your existing policy.

AGENT'S STATEMENT

1. The primary reasons for my recommending the proposed replacement of existing life insurance by new life insurance are: *

2. My recommendations as to the existing life insurance is that it be:

_____ Not Changed _____ Lapsed _____ Surrendered _____ Reduced Paid-Up _____ Extended Term

Other (Explain) _____

Borrowed Upon (Explain and state the amount to be borrowed) _____

3. The existing life insurance does not meet the insured/buyer's needs for insurance because:*

* Specific reasons must be given. For example, if you believe the existing life insurance cannot meet the insured/buyer's needs, you must specify why you think it does not.

INSTRUCTIONAL NOTES FOR AGENT

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as an application or receipt number must be shown.

2. If the premium for the basic policy or any rider or benefit changes, indicate the changes; attach schedule, if necessary.

3. If the death benefit for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary.

4. If the premium for benefits is not separable from the premium for the basic policy, insert "Included" in Basic Policy Premium.

5. If more than one existing life insurance policy is to be replaced, a separate Disclosure/Comparison Form is to be provided for each such policy, or separate information is to be provided in one Disclosure/Comparison Form for each such policy, and a summary of all the separate policy information must also be included to the extent possible.

6. With respect to the existing policy, complete only the information which may be obtained from the policy itself. The existing insurer will provide all other information such as future dividends.

AGENT'S CERTIFICATION

I hereby certify that prior to taking an application for a policy, I have provided the applicant with the Notice Regarding Replacement of Life Insurance and that the information in this Disclosure/Comparison Form is true and correct to the best of my knowledge and belief.

(Signature of Agent)

(Date)

I have received and read a copy of this Disclosure/Comparison Form.

(Signature of Applicant)

(Date)