

**NOTICE REGARDING PROPOSED REPLACEMENT  
OF LIFE INSURANCE OR ANNUITY**

\_\_\_\_\_  
(Name of Existing Insurer)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

Dear Sir or Madam:

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

**Identification**

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contract Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

This notice is given pursuant to 50 Ill. Admn. Code 917.70 (c).