

REPLACEMENT NOTICE

This is a notice of intention to replace the following EXISTING life insurance policy or annuity:

NAME OF INSURED: _____

ADDRESS OF INSURED: _____

PHONE: _____

NAME OF EXISTING INSURER: _____

EXISTING POLICY NUMBER: _____

NAME OF EXISTING AGENT: _____

TYPE OF EXCHANGE OF EXISTING COVERAGE: _____

(Example: lapsed policy, loan or surrender)

The REPLACEMENT coverage is as follows:

NAME OF REPLACING INSURER: _____

NAME OF REPLACING AGENT: _____

REPLACEMENT POLICY NUMBER: _____

(or other identifying number [application or receipt number])

GENERIC DESCRIPTION OF REPLACING POLICY: _____

.....

I presently have a policy with _____
(company name)

and wish to replace it with _____
(name of company and generic description)

Signature of Applicant

Date

.....

I, as agent for _____, am replacing

(company name) policy, with policy _____
(company name and generic description)

and have explained the provisions of the policy and any penalties for surrender.

Signature of Applicant

Date