

IMPORTANT NOTICE:
REPLACEMENT OF YOUR POLICY OF LIFE INSURANCE

You have been offered a policy to replace all or part of your existing policy of life insurance.

Before you replace your existing policy, you should consider whether you could suffer a *Financial Loss* under the new policy because of your *Age* or the condition of your *Health*. You should also consider whether you will pay more for premiums because of your age or health.

You *Will* incur additional costs to acquire the new policy, including the payment of commissions to the agent advocating the replacement of your existing policy.

To make an informed decision about the replacement of your policy, you should discuss the provisions of your existing policy with your agent or the company which issued it to determine whether your policy can be changed to meet your present needs.

Your new policy provides 10 days for you to decide whether you wish to keep it.

The agent who is offering to replace your existing policy is required to obtain your signature on this notice. Also, he will be notifying your existing insurance company that you are considering the replacement of your policy.

I have read this Notice and received a copy of it for my records.

Date: _____, 20__

Signature of Applicant

Printed Name of Applicant

Date: _____, 20__

Signature of Agent

Printed Name of Agent