

STATE OF INDIANA
 IMPORTANT NOTICE:
 REPLACEMENT OF LIFE INSURANCE OR ANNUITY

If you are thinking about **discontinuing** or **changing** an existing life insurance policy or annuity contract and **buying** a replacement, your decision could be a good one – or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form **MUST** be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. *(This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)*

EXISTING POLICY INFORMATION on _____
 (Name of Insured)

| <i>Company</i> | <i>Type of Policy*</i> | <i>Policy Number</i> | <i>Date of Issue</i> | <i>Face Amount Of Basic Policy</i> | <i>Type of Optional Benefits</i> |
|----------------|------------------------|----------------------|----------------------|------------------------------------|----------------------------------|
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(If more policies are involved, please use an additional sheet of 8-1/2 x 11 paper.)

*As shown on face of policy

PROPOSED POLICY INFORMATION on _____
 (Name of Insured)

| <i>Company</i> | <i>Type of Policy*</i> | <i>Face Amount of Basic Policy</i> | <i>Type of Optional Benefits</i> |
|----------------|------------------------|------------------------------------|----------------------------------|
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Indiana Department of Insurance Regulation, 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within 20 days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

Date: _____, 20__

 Applicant's/Insured's Signature

 Applicant's/Insured's Printed Name

Date: _____, 20__

 Replacing Agent's Signature

 Replacing Agent's Printed Name

 Address

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Telephone Number Indiana License #

 * As shown on face of policy.