

Exhibit A  
IMPORTANT NOTICE:  
REPLACEMENT OF LIFE INSURANCE OR ANNUITY

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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 or unique personally identifiable number or company assigned 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) \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

I, as agent for \_\_\_\_\_ (company name), am replacing \_\_\_\_\_ (company name and generic description) policy, with policy \_\_\_\_\_ (company name and generic description) and have explained the provisions of the policy and any penalties for surrender.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent