

Important Notice to Applicant Regarding Replacement of Life Insurance

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both sides before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by checking the appropriate box below.

- Yes, I would like to receive comparative information.
- No, I do not want to receive comparative information

Note: Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it acceptable.

Information on present insurer

Insurance company name		Telephone number	
Address	City	State	Zip Code

Information on present policies

Company name	Policy number	Name of insured
1		
2		
3		

(Continue on separate page if necessary)

Replacement Notice (Cont'd)

I have read this notice and received a copy of it

Applicant's signature	Date (mm/dd/yyyy) / /
Joint applicant's signature (if applicable)	Date (mm/dd/yyyy) / /
Registered representative's signature	Date (mm/dd/yyyy) / /

Registered representative's name (please print)	Company Name		
Registered representative's address	City	State	Zip Code