



A FRATERNAL BENEFIT SOCIETY (Est. 1854)
2050 Finley Rd Suite 70 Lombard IL 60148
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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 fully 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 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 to receive a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

YES

NO

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.

I have read this notice and received a copy of it.

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE

AGENT'S NAME (PRINTED OR TYPED)

AGENT'S ADDRESS (PRINTED OR TYPED)

AGENT'S COMPANY (PRINTED OR TYPED)

Information on Policies which may be replaced:

<u>Company Name</u>	<u>Policy Number</u>	<u>Name of Insured</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

**COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE**

(Proposed Insurer)

(Insurer's Address)

(Replacing Agent's Name)

Applicant Information

Name _____
Address _____

Telephone (____) _____ - _____
Date of Birth _____ Age _____

Policy Information

Policy Generic Name _____
Policy Number _____
Date of Issue _____ Issue Age _____
Contestable Period Expires _____
Suicide Period Expires _____
Policy Loan Rate _____

Policy / Rider Description

<u>Policy Rider Name</u>	<u>Initial/ Continuing Benefit</u>	<u>(Age) Benefit From To</u>	<u>Initial/ Renewable Annual Premium</u>	<u>(Age) Payable From To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Death Benefit Amount \$ _____

**COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE - (Continued)**

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year/ Age	Guarantees				Projections*			
	Annual Premium	Cumulative Premium	Cash Value	Death Benefit	Annual Premium	Cumulative Premium	Cash Value	Death Benefit
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.