



**Czechoslovak
Society of America**

2050 Finley Road, Suite 70
P.O. Box 249
Lombard, IL 60148
1-800-LIFE-CSA

**NOTICE TO INSURER OF PROPOSED
REPLACEMENT FORM**

PART A - PROPOSED INSURED AND REPLACING AGENT INFORMATION

Proposed insured's name: _____ Date of birth: _____ SS#: _____

Optional

Agent/Broker name: _____ Phone: _____

Agent/Broker address: _____ Fax: _____

Agent/Broker e-mail address: _____

PART B - REPLACED COMPANY INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____

PART C - REPLACED POLICY(IES) OR CONTRACT(S) INFORMATION

PLEASE READ CAREFULLY: Please provide disclosure information in accordance with Regulation 60 on the policy(ies)/contract(s) listed below to the replacing agent/broker and the Czechoslovak Society of America. Please forward this information within twenty (20) days to the agent/broker named above, the Czechoslovak Society of America and the agent/broker of record of the existing policy and/or contract.

Replaced Policy No. 1 _____ Replaced Policy No. 2 _____

Replaced Policy No. 3 _____ Replaced Policy No. 4 _____

Type of insurance _____

PART D - AUTHORIZATION TO DISCLOSE POLICY INFORMATION

PLEASE READ CAREFULLY. By signing below, I authorize and request the above agent/broker and the Czechoslovak Society of America to obtain account information from my current insurer related to my existing life insurance policy(ies) or annuity contract(s).

Signature of policyowner _____ Date _____

Signature of policyowner _____ Date _____

This request has been forwarded via () Fax on _____ to the replaced company named in part B

() Mail (Date)