

Composite Disclosure of Proposed Insurance for Primary Insured

Yr.	Age	Guarantees				Projections*			
		Annual Premium	Cumltv Premium	Cash Value	Death Benefit	Annual Premium	Cumltv 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								

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 implications.

REMARKS:** _____

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

**This space may be used for information regarding newly developed or unusual type products or other comments an agent might want to convey to his prospect.

Mail to: Security Benefit | P.O. Box 750497 | Topeka, Kansas 66675-0497

National Service Center 800.888.2461

SecurityBenefit.com



State insurance regulations require this form be completed, copied and distributed as follows:

1st Copy Home Office - 2nd Copy Applicant - 3rd Copy Financial Professional

INSTRUCTIONAL NOTES OF 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, alternative identification information 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 of an alternative option which is binding on the insurer and the applicant elects to make an alternative 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.



Exhibit B

Comparative Information Form For Proposed Insurance

Proposed Insurer _____

Insurer's Address _____

City _____ State _____ Zip _____

Replacing Agent's Name _____

Applicant Information

Name _____

Address _____

City _____

State _____

Zip _____

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

Policy Rider Name	Continuing	Initial/ (Age) Benefit			Renewal Premium	Initial/ Annual (Age) Payable		
		Benefit	From	To		From	To	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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

Total Renewal Annual Premium \$ _____ Amount \$ _____

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