

Statement by Applicant Regarding Notification of Replacement to the Replaced Insurer in Oklahoma

I have read the "NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR AN ANNUITY" which was furnished to me by the agent taking the application for this policy.

(Applicant: Please sign one of the following statements.)

1. Please notify my present insurer(s) regarding this transaction.

Date (mm/dd/yyyy) ☒ _____
Signature of Applicant

2. Please do not notify my present insurer(s) regarding this transaction.

Date (mm/dd/yyyy) ☒ _____
Signature of Applicant

The signature of the applicant shall be that of the insured unless someone other than the insured is the owner of the policy. If someone other than the insured is the owner of the policy, the owner must sign. If the insured is under eighteen (18) years of age, the parent is deemed to be the owner of the policy.

Certification by the agent:

I hereby certify that nothing was said or done during the sales presentation to influence the decision of the applicant regarding this statement.

Date (mm/dd/yyyy) ☒ _____
Signature of Agent

Insurance Agency or Agent License Number

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

