

## Notice to Seniors Regarding Insurance Sales Meeting

- ☐ This solicitation **DID NOT** occur in the senior's home. (If this option is selected please complete the customer name and agent name below only, no other information or signatures are required. If this option is NOT selected, please complete this entire form.)

A visit in your home has been scheduled by:

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Name of Prospect or Client

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Name of Representative/Agent

The visit has been scheduled for:      This notice was delivered:

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Date (mm/dd/yyyy)	Time	Date (mm/dd/yyyy)	Time
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(1) I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following [indicate all that apply]:

- ☐ Life insurance, including annuities.
- ☐ Other insurance products [specify]: \_\_\_\_\_.

(2) You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.

(3) You have the right to end the meeting at any time.

(4) You have the right to contact the California Department of Insurance for information, or to file a complaint.

The consumer assistance telephone numbers at the department are:

Inside California:      (800) 927-4357

Outside California:    (213) 897-8921

TDD                              (800) 482-4833



(5) The following individuals will be coming to your home: (list all attendees, and insurance license information, if applicable):

Name	California Insurance License No.
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

Existing client? ☐ Yes ☐ No

Agent business card provided ☐

Agent’s Mailing Address (as shown on insurance license)

Street Address

City

State

Zip

Agent’s Telephone Number (as shown on insurance license)

Agent’s Mailing Address (as shown on insurance license)

Street Address

City

State

Zip

Agent’s Telephone Number (as shown on insurance license)

*For new prospects, this notice must be delivered 24 hours before the home visit. For existing clients, this notice must be given before the meeting starts.*

I certify that I received this notice on the date and time noted above. I also certify that I have read and understand this form.

X

Signature of Prospect or Client

Date (mm/dd/yyyy)

Mail to: Security Benefit | P.O. Box 750497  
Topeka, Kansas 66675-0497  
National Service Center 800.888.2461  
SecurityBenefit.com

