

## Notice Regarding Proposed Replacement of Life Insurance or Annuity

\_\_\_\_\_  
(Name of Existing Insurer)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Salutation)

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

### Identification

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contract Number \_\_\_\_\_

Contract Number \_\_\_\_\_

Contract Number \_\_\_\_\_

Contract Number \_\_\_\_\_

This notice is given pursuant to 50 Ill. Adm. Code 917.70(c)

**X** \_\_\_\_\_  
(Insurance Producer's Signature) (Closure)

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

National Service Center 800.888.2461

Visit us online at [SecurityBenefit.com](http://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