

Arkansas Replacement Form

1. Name of Insured _____
2. Age of Insured _____
3. Existing Life Insurance Contract or Annuity ☐ Yes ☐ No
4. Existing Life Insurance and/or Annuity Contract(s) _____

5. Investment Objectives _____

6. Risk Tolerance, Financial Status, & Current Assets Discussed ☐ Yes ☐ No
(See Question 18 to document details leading to determination of suitability)
7. Monthly Financial Needs _____
8. Will the owner need access to cash values in the near future? ☐ Yes ☐ No
9. Tax Implications¹ _____
10. Fees, costs, and surrender or penalty charges associated with partial withdrawals/surrenders

11. Limits or conditions for waiving those penalties or charges _____

12. Amount of premium enhancement to be credited _____
13. Amount of bonus credits, if any _____
14. Are bonus credits dependent on any preconditions being met? ☐ Yes ☐ No
If YES, explain: _____

¹These are the ones known at the time of the contract. The insured should also be advised to contact his or her personal tax advisor.

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

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



15. Did the insured enter into the transaction against the advice of the producer? ☐ Yes ☐ No
16. Was notice sent to the existing contract provider? ☐ Yes ☐ No
17. Why is the replacing contract in the best interest of the insured? _____

18. Any other information that may reasonably show suitability of the product _____

Suitability Chart Comparing New and Existing Contracts

	Existing Contract	New Contract
Death Benefit		
Sub-account Choices		
Withdrawal Privileges		
Liquidity		
Special Features		
Costs		
Fees		
Features		
Surrender Charges		
Benefits		
Rate of Return		
Current/Initial Value		

X _____ X _____

Signature of Producer/Insurer's Representative Signature of Applicant

Date (mm/dd/yyyy)

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

National Service Center 800.888.2461

SecurityBenefit.com

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