

Important Notice Regarding Replacement of Life Insurance in Indiana

If you are you thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one—or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could effect your insurability, so be sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form **MUST** be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on _____

(Name of Insured)

COMPANY	TYPE OF POLICY*	POLICY NO.	DATE OF ISSUE	FACE AMOUNT	OPTIONAL BENEFITS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If more policies are involved, use additional set of forms.)

PROPOSED POLICY INFORMATION on _____

(Name of Insured)

COMPANY	TYPE OF POLICY*	FACE AMOUNT	OPTIONAL BENEFITS
_____	_____	_____	_____
_____	_____	_____	_____

Indiana Department of Insurance Regulation 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within twenty days after delivery of a replacement policy, to return it to the company and to claim unconditional refund of all premiums paid on it.)

<p>X _____</p> <p>Applicant's/Insured's Signature</p> <p>_____</p> <p>Date (mm/dd/yyyy)</p>	<p>X _____</p> <p>Replacing Agent's Signature</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>Indiana License Number</p>
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*As shown on face of policy.

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

