

## Replacement Notice

### Ask Questions - it's Your Money - Get the Facts

Whether it is to your advantage to replace or change your existing insurance or annuity program, only you can decide. It is in your best interest to obtain adequate information in order to compare relatively short and long range costs and benefits before a final decision is made.

The producer or insurance company assisting you with this new purchase must notify your existing producer or company so that they may prepare a detailed, current statement concerning your existing program for your comparison. Statements and illustrations should not, however, be used as the sole basis to compare policies or contracts. We want you to understand the effects of replacements before you make your purchase decision, and ask that you review the statements listed under "Items to Consider."

#### Existing Insurance Which May Be Replaced or Changed

Full Name of Insurance Company Including Home Office Location	Policy or Contract Number*	Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surrender Charge of Policy Being Replace \_\_\_\_\_% and \$ \_\_\_\_\_

Sales Charge of Policy Being Purchased (if applicable) \$ \_\_\_\_\_

#### New Surrender Period and Surrender Charges of Policy Being Purchased.

YEARS										
% CHARGE										

YEARS										
% CHARGE										

\*If a number has not been assigned by the existing insurer, indicate alternative identification, such as an application or receipt number.

**State insurance regulations require this form be completed, copied and distributed as follows:**  
1st Copy Home Office - 2nd Copy Applicant - 3rd Copy Financial Professional



## Items to Consider

1. Due to a possible change in insurability status (health, occupation or high risk recreational activities) you might be denied new coverage, or the premium maybe higher than a standard premium.
2. The Incontestability and Suicide Clause time periods would probably begin anew in a new policy. This could possibly results in a claim being denied that might otherwise have been paid under an existing policy or contract.
3. Your present insurance company may be able to modify your existing plan on terms which may be more favorable for you than completely replacing it with a new policy or contract.
4. Don't terminate or alter your existing policy until after the new policy has been delivered to you and accepted by you.
5. If you terminate your existing policy, you may incur surrender charges and/or penalties. The new policy you are purchasing may have a new surrender charge period and/or sales charges.
6. There may be tax consequences in replacing an existing policy. Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Is this transaction a "tax free" exchange? See you tax advisor for specific tax advice regarding the proposed transaction.
7. Take your time in making your decision about purchasing the new policy. Gather all information about the new policy and compare it to your old policy. Remember, you do not have to make a decision during the first meeting with your sales person.
8. **REMEMBER:** Following receipt of a new life insurance policy or annuity contract you should immediately examine its contents. If you are not satisfied with it for any reason, you have the right to return it within the thirty (30) day "examination period" to the insurer at its home or branch office or to the producer through whom it was purchased, for a full refund of premium. If you do return the policy or contract, you should request a dated receipt indicating that it was returned.

DID YOU READ THE "ITEMS TO CONSIDER"?

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

X \_\_\_\_\_  
Producer's Signature (if any)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Producer's Name (printed) and License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone 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

