

Notice to Applicants Regarding Replacement of Life Insurance or an Annuity. This Notice is for Your Benefit and is Required by Law.

1. If you are urged to purchase life insurance and to surrender, lapse, or in any other way change the status of existing life insurance, the agent is required to give you this notice.
2. It may not be advantageous to drop or change existing life insurance in favor of new life insurance, whether issued by the same or a different insurance company. Some of the disadvantages are:
 - a. The amount of the annual premium under an existing policy may be lower than that under a new policy having the same or similar benefits.
 - b. Generally, the initial costs of life insurance policies are charged against the cash value increases in the earlier policy years, the replacement of an old policy could result in the policyholder sustaining the burden of these costs twice.
 - c. The incontestable and suicide clauses begin anew in a new policy. This could result in a claim under a new policy being denied by the company which would have been paid under the old policy.
 - d. Existing policies may have more favorable provisions than new policies in such areas as settlement options and disability benefits.
 - e. An existing policy may have a reserve value in addition to any cash value which may be of some benefit to the insured.
 - f. The insurance company carrying your current insurance policy can often make a desired change on terms which would be more favorable than if existing insurance is replaced with new insurance.
3. It may not be advantageous to change an existing policy to reduced paid-up or extended term insurance or to borrow against its loan value beyond your expected ability or intention to repay in order to obtain funds for premiums on a new policy.
4. There may be a situation in which a replacement policy is advantageous. You may want to receive the comments of the present insurance company before deciding this important financial matter.

I hereby acknowledge that I received the above "Notice to Applicants Regarding Replacement of Life Insurance or an Annuity" before I signed the application for the proposed new insurance.

_____ X _____
Date (mm/dd/yyyy) Signature of Applicant

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

