

Fidelity Life Association, A Legal Reserve Life Insurance Company

Administrative Office: P.O. Box 5030, Des Plaines, Illinois 60017

(800) 369-3990

Replacement Disclosure

Completion of this disclosure form is required when replacement of an existing policy is anticipated.

Replacement Defined:

A transaction in which a new policy or contract is to be purchases, and it is known or should be known to the proposing agent or insurer, that by reason of the transaction, an existing policy or contract has been or is to be: lapsed, forfeited, surrendered or partially surrendered, annuitized, assigned to the replacing insurer or otherwise reduced in value by the use of non-forfeiture benefits or other policy values; amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid; reissued with any reduction in cash value; or used in a "financed purchase." "Financed Purchase" means the purchase of a new policy or contract involving the actual or intended use of funds obtained by the withdrawal, surrender of or borrowing from an existing policy or contract to pay all or part of any premium or consideration due to the new policy or contract.

Fidelity Life Association's definition of internal and external replacements are as follows: An internal replacement is when an existing Fidelity Life Association policy or contract is converted or exchanged for a new Fidelity Life Association policy or contract. An external replacement is when a Fidelity Life Association policy or contract is replaced by another insurer; or a Fidelity Life Association policy or contract replaces a policy or contract of another insurer.

Replaced Policy #	Insurer	Date	Replaced Policy #	Insurer	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Replacement of an existing policy without comparing the differences in policy provisions is not in the best interest of the applicant.

The following policy features should be compared before you replace an existing policy(ies):

- | | | |
|--|--|--|
| • Annual premium | • Conversion features | • Tax treatment |
| • Duration of guaranteed premium rates | • Guaranteed cash values | • Eligibility for exchange or rollover treatment under the Internal Revenue Code |
| • Guaranteed maximum premium rates | • Loan provision and loan interest rates | • Underwriting classification |
| • Face amounts | • Withdrawal provision | • Contestability provision |
| • Guaranteed death benefit | • Expense charges | • Suicide limitation provision |
| • Guaranteed interest rate | • Surrender charges | |

Since each replacement transaction involves a different set of facts and issues, no listing of policy provisions will pertain to all situations. The policy provisions listed above are intended to assist in identification of pertinent factors. Any additional factors should be described in the following Producer's Statement section, and discussed with the Applicant.

PRODUCER'S STATEMENT

I have provided a comparison of policy features to the applicant and recommend replacement. The new policy is more suitable to the customer's needs for the following reasons:

X _____	X _____
Name of Agent (Please Print)	Signature of Agent
Agent #	Date

APPLICANT'S STATEMENT

I hereby certify that I have reviewed the above information, and understand the implications of replacing my life insurance policy(ies) or annuity contract(s).

X _____	X _____
Name of Applicant (Please Print)	Signature of Applicant
	Date

IMPORTANT: THIS FORM IS TO BE COMPLETED IN ADDITION TO ANY STATE REQUIRED REPLACEMENT DISCLOSURE FORMS