

Fidelity Life Association, A Legal Reserve Life Insurance Company

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

(800) 369-3990

SOUTH DAKOTA REPLACEMENT NOTICE

This is notice of intention to replace the following EXISTING life insurance policy or annuity.

NAME OF INSURED: _____

ADDRESS OF INSURED: _____

_____ PHONE: _____

NAME OF EXISTING INSURER: _____

EXISTING POLICY NUMBER: _____

NAME OF EXISTING AGENT: _____

TYPE OF EXCHANGE OF EXISTING COVERAGE: _____

(Example: lapsed policy, loan, surrender)

The REPLACEMENT coverage is as follows:

NAME OF REPLACING INSURER: _____

NAME OF REPLACING AGENT: _____

REPLACEMENT POLICY NUMBER: _____

(or other identifying number – i.e. application or receipt number)

GENERIC DESCRIPTION OF REPLACEMENT POLICY: _____

I presently have a policy with: _____

Name of Existing Insurer

and wish to replace it with: _____

Generic Description of Replacement Policy

Applicant's Signature: _____ Date: _____

Applicant's Name Printed: _____

I, as agent for the Fidelity Life Association am replacing _____'s

Name of Existing Insurer

policy with _____

Generic Description of Replacement Policy

and have explained the provisions and any penalties for surrender.

Agent's Signature: _____ Date: _____

Agent's Name Printed: _____

To Agent: Complete 2 copies. Leave one with applicant. Send other to Administrative Office with application.