

Fidelity Life Association, A Legal Reserve Life Insurance Company

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

(800) 369-3990

SIDE A

Illinois Notice Regarding Replacement of Life Insurance or Annuities

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask for the advice of the company or agent that sold you your existing policy to give you information concerning any proposed replacement.

Hear both sides before you decide. That way you can be sure you are making a decision that is in your best interest.

You have the right, within 20 days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.

We are required by law to notify your existing company that you may be replacing their policy.

List below the identification of policies which are involved in the replacement transaction.

Contract Number: _____

Contract Number: _____

Contract Number: _____

I have received and read a copy of this Replacement Notice.

Applicant's Signature: _____ Date: _____

Applicant's Name Printed: _____

By

Agent's Signature: _____ Date: _____

Agent's Name Printed: _____

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

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SIDE B

Illinois Notice Regarding Proposed Replacement of Life Insurance or Annuities

Name of existing insurer: _____
Address: _____

Dear Sirs:

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

Identification

Name of Insured: _____
Address: _____

Contract Number: _____	Contract Number: _____
Contract Number: _____	Contract Number: _____

This notice is given pursuant to 50 Illinois Administrative Code 917.70(c).

Agent's Signature: _____	Date: _____
Agent's Name Printed: _____	

A SIDE B IS TO BE COMPLETED FOR EACH COMPANY BEING REPLACED

To Agent: Complete 1 copy for each existing insurer to be replaced and send to Administrative Office with application.