

Fidelity Life Association, A Legal Reserve Life Insurance Company

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

(800) 369-3990

ARKANSAS COMPARATIVE INFORMATION FORM

The following policy(ies)/contract(s) may be changed or replaced as a result of this transaction.

Insurer As It Appears On The Policy/Contract	(*) Policy/Contract Number	Face Amount/Contract Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The proposed policy/contract is:

_____	_____	_____
Insurer	(*) Policy/Contract Number	Face Amount/Contract Value

CAUTION: YOU ARE URGED NOT TO TAKE ACTION TO TERMINATE, ASSIGN OR ALTER YOUR EXISTING LIFE INSURANCE COVERAGE OR ANNUITY CONTRACT UNTIL AFTER YOU HAVE BEEN ISSUED THE NEW POLICY/CONTRACT, EXAMINED IT AND FOUND IT TO BE ACCEPTABLE TO YOU.

I have received and read a copy of this Comparative Information Form.

Applicant's Signature: _____ Date: _____

Applicant's Name Printed: _____

By

Agent's Signature: _____ Date: _____

Agent's Name Printed: _____

(*) If not available, type of policy/contract.

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

**Applies if
Existing is:***Non Model Definition of Replacement*

Permanent life insurance or an Annuity, and an attempt is made to have the holder change or replace the existing insurance.

Exemptions:

Replacement of: term life insurance, credit life insurance, group insurance, and policies issued in connection with pension, profit sharing, or other benefit plan.

Bulletin No. 8A-2004

**Replacing
Producer:**

1. Present Comparative Form (not later than when taking application), complete it and leave a signed copy with applicant.
2. Submit copy of Comparative Form (completed and signed) with application.
3. Submit copy of Comparative Form (completed and signed) to existing insurer.

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Churning is an unfair method of competition or deceptive act or practice, wherein the licensee replaces an existing policy of life insurance or annuity contract and that replacement is not in accordance with section 23-66-307 or that replacement is without objective demonstration by the licensee of the purpose of replacing the policy for the benefit and betterment of the insured.

ARK Statutes 23-66-206

Comparative Form: AR-COMP

**Replacing
Insurer:**

Retain copy of Comparative Form for 3 years.

**Existing
Insurer:**

No duties under this statute and related bulletins.

Conservation

Not defined – no requirements under this statute and related bulletins.