

Fidelity Life Association, A Legal Reserve Life Insurance Company

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

(800) 369-3990

NEVADA IMPORTANT NOTICE REGARDING THE REPLACEMENT OF YOUR POLICY OF LIFE INSURANCE

You have been offered a policy to replace all or part of your existing policy of life insurance.

Before you replace your existing policy, you should consider whether you could suffer a FINANCIAL LOSS under the new policy because of your AGE or the condition of your HEALTH. You should also consider whether you will pay more for premiums because of your age or health.

You WILL incur additional costs to acquire the new policy, including the payment of commissions to the agent advocating the replacement of your existing policy.

To make an informed decision about the replacement of your policy, you should discuss the provisions of your existing policy with your agent or the company which issued it to determine whether your policy can be changed to meet your present needs.

Your new policy provides 10 days for you to decide whether you wish to keep it.

The agent who is offering to replace your existing policy is required to obtain your signature on this notice. Also, he will be notifying your existing insurance company that you are considering the replacement of your policy.

I have read this notice and received a copy of it for my records.

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.