

# Fidelity Life Association, A Legal Reserve Life Insurance Company

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

(800) 369-3990

## WEST VIRGINIA

**EXHIBIT B** To be used where the existing and proposed policies are written by the same company.

### IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

Our agent is recommending to you that you purchase a life insurance policy from us. In connection with this purchase, you have indicated either as a result of his recommendation or at your own initiative, that you may terminate or change your existing policy issued by another insurance company or that you may obtain a loan from that company against your policy to pay premiums on the proposed policy. Any of these actions is a replacement of life insurance. This notice must be given to you, along with a Comparative Information Form which includes preliminary information comparing the proposed policy with your existing policy to be replaced. Please read this notice and the Comparative Information Form carefully.

Whether it is to your advantage to replace your existing insurance coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and of your existing insurance coverage.

To this end, we are required to give you a Policy Summary including complete information on the proposed policy at the time the proposed policy is delivered to you. In addition, we will, at your request, furnish you additional information concerning your existing policy. You may want to discuss your purchase with other advisors. The information you receive will be of value to you in reaching a final decision.

If either the proposed policy or the existing insurance you intend to replace is a participating policy you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should also recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

You should be aware that the new life insurance issued by the replacing insurer will not be contestable in the event of the insured's death to any greater extent than the existing life insurance would have been contestable by the existing insurer had the replacement not taken place. However, the replacing insurer may, within two years from the date of issue, contest because of material misstatement or omission on your application, or for death caused by suicide, that amount of insurance, if any, written and issued in excess of the amount of the existing life insurance.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death the amount of the unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your policy, you will have 30 days from the date the new policy is delivered to you to cancel the policy issued on your application and receive back all payments you made to us.

### CAUTION

If after studying the information made available to you, you decide to replace the existing life insurance with our company with a new life insurance policy issued by your company, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name Printed: \_\_\_\_\_

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## WEST VIRGINIA COMPARATIVE INFORMATION FORM

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

### GENERAL INFORMATION

Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Basic Policy Generic Name \_\_\_\_\_

Name of Basic Policy \_\_\_\_\_

Rider 1, Generic Name \_\_\_\_\_

Rider 2, Generic Name \_\_\_\_\_

Rider 3, Generic Name \_\_\_\_\_

Issue Age \_\_\_\_\_

Date of Issue \_\_\_\_\_

Contestable Period Expires<sup>1</sup> \_\_\_\_\_

Suicide Clause Expires<sup>1</sup> \_\_\_\_\_

### EXISTING LIFE INSURANCE

### PROPOSED LIFE INSURANCE

### PREMIUM DATA/DEATH BENEFITS

	Premium Mode____ Amount	Age Payable to	Death Benefit	Age Benefit Ceases	Premium Mode____ Amount	Age Payable To	Death Benefit	Age Benefit Ceases
Basic Policy	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Rider 1	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Rider 2	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Rider 3	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Accidental Death Benefit	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Option to Purchase Additional Insurance	\$ _____	_____	(Opt. Ages)	_____	\$ _____	_____	(Opt. Ages)	_____
Waiver of Premium Benefit	\$ _____	_____	x x x	_____	\$ _____	_____	x x x	_____
Disability Income Benefit	\$ _____	_____	x x x	_____	\$ _____	_____	x x x	_____
			(Mo. Income: \$ _____ )				(Mo. Income: \$ _____ )	

Total Current Premium \$ \_\_\_\_\_ \$ \_\_\_\_\_

### CASH VALUES/DIVIDENDS

	*Guaranteed Cash Value	*Dividends	*Guaranteed Cash Value	*Dividends
Currently (last policy anniversary)	\$ _____	\$ _____	\$ _____	\$ _____
1 year hence	\$ _____	\$ _____	\$ _____	\$ _____
5 years hence	\$ _____	\$ _____	\$ _____	\$ _____
10 years hence	\$ _____	\$ _____	\$ _____	\$ _____
At Age 65	\$ _____	\$ _____	\$ _____	\$ _____
*Current Death Benefit of Div. Adds	\$ _____		Maximum Policy Loan Interest Rate _____ %	
*Current Cash Value of Div. Adds	\$ _____			
*Current Accum. Div.	\$ _____			
*Current Policy Loan	\$ _____			
Maximum Policy Loan Interest Rate	_____ %		*Dividends are based on the current (20__ ) Scale.	
*Dividends are based on the current (20__ ) scale.				

\*Dividends, policy loan and certain guaranteed cash value information concerning your existing insurance may not be known to our agent. Dividends are not guaranteed. However, they may materially reduce the cost of insurance and are an important factor to consider. This, if dividends or other figures have been omitted from this Comparative Information Form, you should not reach a final decision to replace your existing insurance until you have them. You may obtain the omitted figures from the company that issued your existing policy. We will notify that company of your intent to replace your existing policy.

<sup>1</sup> For proposed life insurance, the insurer may, within two years from the date of issue, contest that amount of insurance, if any written and issued in excess of the amount of the existing life insurance.

### AGENT'S STATEMENT

1. The primary reasons for my recommending the proposed replacement of existing life insurance by new life insurance are:\*

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2. My recommendations as to the existing life insurance are that it be:

☐ Not Changed      ☐ Lapsed      ☐ Surrendered      ☐ Reduced Paid-Up      ☐ Extended Term

Other (Explain) \_\_\_\_\_

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Borrowed Upon (Explain) \_\_\_\_\_

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3. The existing life insurance does not meet the insured/buyer's needs for the insurance because:\*

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\*Specific reasons must be given. For example, if you believe the existing life insurance cannot meet the insured/buyer's needs, you must specify why you think it does not.

### INSTRUCTIONAL NOTES FOR AGENT

- Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as an application or receipt number must be shown.
- If a premium for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary.
- If the death benefit for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary.
- If the premium for benefits is not separable from the premium for the basic policy, insert "Included" in Basic Policy Premium.
- If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy, or separate information is to be provided in one Comparative Information Form for each such policy, and a summary of all separate policy information must also be included to the extent possible.

### AGENT'S CERTIFICATION

I hereby certify that prior to taking an application for a policy, I have provided the applicant with the Notice Regarding Replacement of Life Insurance and that the information in this Comparative Information Form is true and correct to the best of my knowledge and belief.

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Name Printed: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name Printed: \_\_\_\_\_

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