

Fidelity Life Association, A Legal Reserve Life Insurance Company

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

(800) 369-3990

EXHIBIT A To be used where the existing and proposed policies are written by different companies.

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 form including 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 no later than when the policy is delivered to you. In addition, we are required to notify the insurance company that issued your existing policy. That company may then furnish you with additional information concerning your existing policy. You may want to contact that company or its agent for further information and advice or 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. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misstatement or omission on your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. 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.

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 received your application and notified the other insurance company, you will have twenty days from the date the proposed 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 life insurance policy, 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: _____

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

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RHODE ISLAND 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 Expires¹ _____

Suicide Clause Expires¹ _____

EXISTING LIFE INSURANCE

PROPOSED LIFE INSURANCE

PREMIUM DATA/DEATH BENEFITS

Basic Policy

Rider 1

Rider 2

Rider 3

Accidental Death Benefit

Option to Purchase Additional Insurance

Waiver of Premium Benefit

Disability Income Benefit

Premium Mode____ Amount	Age Payable to	Death Benefit	Age Benefit Ceases
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	(Opt. Ages)	_____
\$_____	_____	x x x	_____
\$_____	_____	x x x	_____
		(Mo. Income: \$_____)	

Premium Mode____ Amount	Age Payable To	Death Benefit	Age Benefit Ceases
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	\$_____	_____
\$_____	_____	(Opt. Ages)	_____
\$_____	_____	x x x	_____
\$_____	_____	x x x	_____
		(Mo. Income: \$_____)	

Total Current Premium

\$_____

\$_____

CASH VALUES/DIVIDENDS

Currently (last policy anniversary)

1 year hence

5 years hence

10 years hence

At Age 65

*Current Death Benefit of Div. Adds

*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.

*Guaranteed Cash Value	*Dividends
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
_____ %	

*Guaranteed Cash Value	*Dividends
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
\$_____	\$_____
Maximum Policy Loan Interest Rate	_____ %
*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.

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

AGENT'S STATEMENT

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

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

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

Other (Explain) _____

Borrowed Upon (Explain) _____

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

*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 AND/OR BROKER

- 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.