



1. PROPOSED INSURED

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-Mail		Age
Home Address <i>Street Address</i>		<i>City</i>	<i>State</i>	<i>ZIP+4</i>
Personal Phone No. ()	Birth State/ Country	Driver's Lic. No./State	Height ft. in.	Weight lbs.
Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please list type(s):				Last date of use / / <i>(MM/DD/YYYY)</i>

2. POLICYOWNER (Policyowner is the Proposed Insured unless otherwise indicated)

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	Relationship to Insured		Birth State/Country	
Home Address <i>Street Address</i>			<i>City</i>	<i>State</i> <i>ZIP+4</i>
			E-Mail	

3. BENEFICIARIES (If multiple Beneficiaries, please attach additional sheets)

Primary Beneficiary Name <i>(First, Middle, Last)</i>	Relationship to Insured	Social Security No.	Date of Birth <i>(MM/DD/YYYY)</i> / /
Contingent Beneficiary Name <i>(First, Middle, Last)</i>	Relationship to Insured	Social Security No.	Date of Birth <i>(MM/DD/YYYY)</i> / /

4. HEALTH SECTION

Section A— If any question is answered YES, coverage cannot be issued.

- Has the Proposed Insured been medically diagnosed as having a life expectancy of **12 months** or less? Yes No
- In the past **12 months** has the Proposed Insured been diagnosed as having or been treated for uncontrolled diabetes or any complications thereof, including numbness, amputation, eye or kidney disorder, coma or insulin shock; or needed assistance or personal supervision to perform any activities of daily living (*toileting, transferring, continence, eating, bathing or dressing*); or had or been advised to have brain, heart or circulatory surgery, kidney dialysis or amputation caused by disease; or been confined to a nursing facility or received inpatient services at a medical facility 2 or more times? Yes No
- Has the Proposed Insured **ever** been diagnosed as having or been treated for (*including office visits, medication or surgery*): leukemia, systemic lupus erythematosus (*SLE*) or amyotrophic lateral sclerosis (*ALS*), cirrhosis, hepatitis type C, liver disease, kidney disease affecting both kidneys, dialysis, Alzheimer's disease, dementia, lymphoma or malignant melanoma; or received or been advised to receive an organ or tissue transplant; or in the past **2 years** been diagnosed as having internal cancer? Yes No
- Prior to age 25, has the Proposed Insured been diagnosed as having or received treatment for cerebral palsy, muscular dystrophy, cystic fibrosis, sickle cell anemia, Down's syndrome or congenital heart disease? Yes No
- Has the Proposed Insured had a test to detect the presence of cancer and not yet received the results, or been advised to have surgery for a heart condition or blood vessel disease, or been advised to receive medical treatment or tests that have not been completed? Yes No
- Has the Proposed Insured **ever** been medically diagnosed or treated by a medical professional for acquired immune deficiency syndrome (*AIDS*), AIDS-related complex (*ARC*) or antibodies to human T-lymphotropic virus type III (*HTLV*), or had a positive test for human immunodeficiency virus (*HIV*) antibodies? Yes No

Section B— If this question is answered YES, the Proposed Insured will be considered for the Modified Benefit Whole Life coverage only.

- In the past **90 days** has the Proposed Insured been, or are they now, confined to a psychiatric facility or receiving home health care? Yes No

Section C— Complete only if all answers in Sections A and B were NO. Any YES answers in Section C limit consideration to Graded Benefit Whole Life.

- In the past **12 months**, has the Proposed Insured been medically diagnosed as having or been treated for: emphysema (*chronic obstructive pulmonary disease*), congestive heart failure or cardiomyopathy, cerebral vascular accident, stroke or aneurysm, any mental or nervous disorder requiring hospitalization, or had or been advised to have treatment for any drug or alcohol abuse? Yes No
- In the past **5 years**, has the Proposed Insured had heart disease requiring bypass surgery, angioplasty or placement of vascular stents? Yes No
- Has the Proposed Insured **ever** been diagnosed as having or been treated for (*including office visits, medication or surgery*): diabetes requiring insulin injections combined with a medical history of stroke, transient ischemic attack (*TIA*) or heart disease? Yes No

If all questions in Sections A, B and C are answered NO, the Proposed Insured will be considered for Level Benefit Whole Life coverage.

5. POLICY INFORMATION

Plan of Insurance: Level Benefit Whole Life Graded Benefit Whole Life Modified Benefit Whole Life Initial Death Benefit \$ _____

Premium Payment Mode: Annual Semi-Annual Quarterly Monthly (Automatic Bank Withdrawal) Monthly (Credit Card)

If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No
Does the Proposed Insured have other insurance coverage in force? Yes No
If YES, please provide details below, and complete and return the appropriate State Replacement Form.

Name of the company _____ Policy No. _____

AGREEMENT— No agent is authorized to change or waive the terms of this Agreement.

I, the Proposed Insured, agree that to the best of my knowledge and belief:

- 1. All answers in this Application are complete and true to the best of my knowledge and belief and will be relied upon to determine insurability.
2. The first premium is equal to the full premium for the Premium Payment Mode selected in Section 5, "Policy Information," above.
3. If the first premium is not paid on the date this Application is signed, no insurance will be in effect unless: a. A policy is delivered to and accepted by the Owner and the entire first premium is paid during my lifetime, and b. At the time of such delivery, acceptance or payment, whichever is later, all information furnished in this Application remains true and complete to the best of my knowledge.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject to a substantial civil penalty where and to the extent allowed by state law.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or the Medical Information Bureau, Inc., that has any records or knowledge of me or my health, to give to Assurity Life Insurance Company, or its reinsurers, any such information for use to determine eligibility for insurance or benefits under an existing policy.

Signed at _____ on _____ / _____ / _____
City State Date (MM/DD/YYYY)

Signature of Proposed Insured

Signature of Owner(s) (If other than Proposed Insured)

AUTOMATIC BANK WITHDRAWAL

Type of Account: Checking Savings Applicants and/or policy numbers to be included: _____ (MM/DD/YYYY) _____ (MM/DD/YYYY)

NEW - sign authorization below, attach voided check. Date of Withdrawal _____ / _____ / _____ Add to existing bank withdrawal on _____ / _____ / _____
Date of Withdrawal cannot be the 29th, 30th or 31st. If no date is entered, the policy issue date will be used.

I hereby request and authorize Assurity Life Insurance Company, Lincoln, Nebraska, to initiate debit entries to my account indicated below. This authorization shall remain in effect until revoked by me in the manner provided by law. If I receive notice of such revocation, I agree that Assurity Life Insurance Company shall be fully protected in honoring any debit to my account. I request the first premium be debited from my account upon policy issue: Yes No

Name of Financial Institution

Routing No. (9-digit number)

Account No.

DO NOT SIGN

Signature of Account Holder

Date (MM/DD/YYYY)

Telephone No.

FIELD UNDERWRITER'S STATEMENT

I HAVE TRULY AND ACCURATELY RECORDED in this Application the information provided by the Proposed Insured and witnessed his or her signature. Premium of \$ _____ was collected with this application.

To the best of my knowledge, if this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No

I hereby certify that to the best of my knowledge and belief, the answers on the application and in this statement are true and correct.

Signature of Soliciting Agent

Date (MM/DD/YYYY)

Business Phone No. and Fax No.

Soliciting Agent's Printed Name

Agent No.

Agent's E-mail

Signature of Soliciting Agent

Date (MM/DD/YYYY)

Agent No.

Business Phone No.

HOME OFFICE CORRECTIONS AND ADDITIONS ONLY





ANTI-MONEY LAUNDERING PROGRAM REQUIRES THE AGENT TO COMPLETE THIS FORM, PROVIDING THE FOLLOWING INFORMATION:

Applicant/Owner Name _____ **Social Security No.** _____ — —

1. Source of Funds

- Current Income
- Savings
- Another person (if so, identify) _____
- Proceeds of canceled life insurance policy
- From values of existing life insurance policy
- Other _____

2. Intended purpose of applied for coverage

- Burial/final expenses
- Retirement
- Mortgage pay-off
- Funding a charitable contribution
- Periodic Income
- Post-death family needs
- Educational expenses
- Business need (e.g. key-person life insurance)
- Other _____

3. Applicant's background

- Length of time known (in years) _____
- Nature of relationship _____
- Business relationship with applicant? Yes No If so, describe _____
- How known _____
- Applicant's occupation _____

4. Any additional information you possess regarding the background of/your relationship with the applicant

5. Source of information

Name _____

- Applicant
- Owner
- Payor
- Other (specify) _____

I certify all of the above information is true and correct to the extent of my knowledge and reflects the information provided to me by the applicant, except where information from me is required.

 Producer Signature

 Producer No.

 Producer Name

 Date (MM/DD/YYYY)

Mail or fax this completed and signed form along with the application submitted to the home office.



LEVEL BENEFIT WHOLE LIFE														
Issue Age	MALE		FEMALE		Issue Age	MALE		FEMALE		Issue Age	MALE		FEMALE	
	NTob	Tob	NTob	Tob		NTob	Tob	NTob	Tob		NTob	Tob	NTob	Tob
0	6.95		5.44		27	14.96	16.53	13.65	15.20	54	35.06	42.69	29.88	37.53
1	7.22		5.72		28	15.11	17.04	13.76	15.61	55	36.46	44.56	30.88	38.83
2	7.55		6.03		29	15.30	17.56	13.92	16.04	56	37.91	46.57	31.92	40.17
3	7.90		6.35		30	15.56	18.08	14.13	16.47	57	39.39	48.69	32.99	41.53
4	8.29		6.68		31	15.90	18.59	14.41	16.90	58	40.98	50.99	34.14	42.98
5	8.69		7.03		32	16.30	19.10	14.75	17.34	59	42.77	53.57	35.45	44.59
6	9.11		7.39		33	16.74	19.63	15.12	17.81	60	44.83	56.49	36.98	46.45
7	9.54		7.77		34	17.22	20.20	15.53	18.31	61	47.13	59.71	38.75	48.56
8	10.00		8.15		35	17.73	20.82	15.96	18.86	62	49.61	63.17	40.71	50.89
9	10.47		8.55		36	18.25	21.49	16.40	19.44	63	52.33	66.96	42.84	53.40
10	10.95		8.96		37	18.80	22.19	16.84	20.05	64	55.35	71.16	45.12	56.05
11	11.46		9.25		38	19.38	22.95	17.33	20.71	65	58.72	75.84	47.53	58.82
12	11.98		9.50		39	20.02	23.76	17.87	21.44	66	62.42	80.94	49.97	61.63
13	12.48		9.73		40	20.73	24.66	18.48	22.26	67	66.41	86.40	52.46	64.49
14	12.67		9.96		41	21.53	25.65	19.20	23.20	68	70.73	92.33	55.14	67.53
15	12.85	14.38	10.19	13.24	42	22.41	26.72	20.00	24.26	69	75.42	98.84	58.14	70.87
16	13.03	14.51	10.42	13.37	43	23.33	27.86	20.85	25.37	70	80.51	106.04	61.60	74.63
17	13.21	14.64	10.65	13.51	44	24.29	29.03	21.71	26.50	71	85.65	113.52	65.37	78.50
18	13.40	14.77	10.87	13.64	45	25.25	30.22	22.54	27.60	72	90.83	121.20	69.35	82.40
19	13.58	14.90	11.12	13.77	46	26.20	31.42	23.32	28.66	73	96.55	129.71	73.78	86.80
20	13.76	15.03	11.42	13.90	47	27.16	32.63	24.09	29.71	74	103.36	139.66	78.88	92.17
21	13.94	15.15	12.01	14.01	48	28.14	33.89	24.86	30.76	75	111.76	151.67	84.88	98.99
22	14.12	15.28	12.63	14.10	49	29.16	35.20	25.65	31.83	76	121.70	165.61	91.75	107.27
23	14.30	15.41	13.14	14.20	50	30.25	36.59	26.46	32.93	77	132.84	181.07	99.35	116.68
24	14.48	15.54	13.28	14.34	51	31.38	38.02	27.29	34.05	78	145.25	198.24	107.70	127.23
25	14.66	15.67	13.42	14.55	52	32.54	39.47	28.11	35.17	79	159.04	217.34	116.88	138.90
26	14.82	16.07	13.54	14.85	53	33.76	41.01	28.97	36.32	80	174.28	238.57	126.92	151.69

GRADED BENEFIT and MODIFIED BENEFIT WHOLE LIFE									
Issue Age	MALE		FEMALE		Issue Age	MALE		FEMALE	
	NTob	Tob	NTob	Tob		NTob	Tob	NTob	Tob
40	31.31	39.02	28.13	35.07	61	70.77	97.10	57.94	77.68
41	32.60	40.74	29.37	36.88	62	74.14	102.49	60.30	80.70
42	33.92	42.53	30.61	38.68	63	77.82	108.36	62.87	84.00
43	35.27	44.37	31.84	40.49	64	81.95	114.82	65.69	87.70
44	36.66	46.27	33.06	42.29	65	86.65	121.95	68.84	91.95
45	38.08	48.23	34.27	44.10	66	91.81	129.50	72.17	96.71
46	39.51	50.21	35.46	45.89	67	97.35	137.41	75.64	101.89
47	40.95	52.22	36.61	47.65	68	103.43	146.06	79.47	107.54
48	42.43	54.31	37.77	49.43	69	110.20	155.84	83.86	113.69
49	44.00	56.52	38.96	51.25	70	117.82	167.15	89.04	120.40
50	45.68	58.93	40.20	53.14	71	125.89	179.54	94.73	127.22
51	47.49	61.52	41.48	55.12	72	134.29	192.76	100.79	134.13
52	49.39	64.25	42.77	57.16	73	143.65	207.46	107.62	141.77
53	51.38	67.13	44.11	59.25	74	154.54	224.31	115.64	150.81
54	53.46	70.18	45.51	61.37	75	167.58	243.97	125.25	161.91
55	55.62	73.41	47.01	63.53	76	182.62	266.18	136.37	175.04
56	57.77	76.70	48.56	65.64	77	199.28	290.48	148.73	189.77
57	59.93	80.04	50.14	67.70	78	217.74	317.29	162.44	206.12
58	62.21	83.61	51.82	69.83	79	238.21	347.01	177.65	224.13
59	64.73	87.57	53.66	72.16	80	260.90	380.02	194.47	243.80
60	67.61	92.09	55.71	74.81					

SAMPLE PREMIUM CALCULATION	
Annual Premium per \$1,000	= 58.72
Annual Premium = \$58.72 x 10 (# of \$1000s)	= \$587.20
+ Policy Fee	= \$25.00
Total Annual Premium	= \$612.20
Semi-annual Premium \$612.20 x .51	= \$312.22
Quarterly Premium: \$612.20 x .264	= \$161.62
Monthly Bank Draft: \$612.20 x .088	= \$53.87

All rates in U.S. Dollars.

Annual Premiums per \$1,000 of Face Amount.

Policy Fee: \$25.00



MIB Pre-Notice

Information regarding your insurability will be treated as confidential. Assurity or its reinsurers may, however, make a brief report thereon to the MIB Inc., formerly known as the Medical Information Bureau, a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB to seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Ste. 400, Braintree, MA 02184-8734.

Assurity, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Web site at www.mib.com.

Insurance Information Practices

To issue an insurance policy, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or a civil or criminal proceeding.

Upon your written request, Assurity will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information and the role of insurance support organizations with regard to your information.

If you desire additional information on insurance information practices, please direct your requests to Assurity Life Insurance Company, P.O. Box 82533, Lincoln, NE 68501-2533.

Fair Credit Reporting Act

Pursuant to the Federal Fair Credit Reporting Act, as amended (15 U.S.C. 1681d), notice is hereby given that, as a component of our underwriting process relating to your application for life or health insurance, Assurity Life Insurance Company (Assurity) may request an investigative consumer report that may include information about your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to sexual orientation.

This information may be obtained through personal interviews with your neighbors, friends, associates and others with whom you are acquainted or who may have knowledge concerning any such items of information. You have a right to request in writing, within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation Assurity requests. Please direct this written request to Assurity Life Insurance Company, P.O. Box 82533, Lincoln, NE 68501-2533.

Upon receipt of such a request, Assurity will respond by mail within five business days.

Telephone Interview Information

Assurity may require that you complete a confidential telephone interview as a part of your application for insurance. The interview will be conducted by a trained professional and may include (*but is not limited to*) the following topics: occupation, job history, income, personal and business financial information and medical history. All information obtained will be used for underwriting purposes only and will not be released without your written consent.





IMPORTANT NOTICE

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by withdrawal, surrender or borrowing of some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs, and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (*include the name of the insurer, the insured or annuitant, and the policy or contract number if available*) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY NO.	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure document must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate:

_____	_____
<i>Applicant's Signature and Printed Name</i>	<i>Date (MM/DD/YYYY)</i>
_____	_____
<i>Producer's Signature and Printed Name</i>	<i>Date (MM/DD/YYYY)</i>

**Signed form to be returned to the home office.
 Applicant to receive a copy of the signed form at the time the application is taken.**



I do not want this notice read aloud to me. _____ (*Applicant must initial only if they do not want the notice read aloud.*)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS

Are they affordable?

Could they change?

You're older—are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (*See your tax advisor.*)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

Signed form to be returned to the home office.

Applicant to receive a copy of the signed form at the time the application is taken.





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You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by withdrawal, surrender or borrowing of some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs, and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy or contract? Yes No
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If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (*include the name of the insurer, the insured or annuitant, and the policy or contract number if available*) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY NO.	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure document must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate:

_____	_____
<i>Applicant's Signature and Printed Name</i>	<i>Date (MM/DD/YYYY)</i>
_____	_____
<i>Producer's Signature and Printed Name</i>	<i>Date (MM/DD/YYYY)</i>

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 Applicant to receive a copy of the signed form at the time the application is taken.**



I do not want this notice read aloud to me. _____ (*Applicant must initial only if they do not want the notice read aloud.*)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS

Are they affordable?

Could they change?

You're older—are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (*See your tax advisor.*)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

Signed form to be returned to the home office.

Applicant to receive a copy of the signed form at the time the application is taken.



