



**IMPORTANT NOTICE REGARDING  
REPLACEMENT OF LIFE INSURANCE OR ANNUITY**

Liberty Life Insurance Company PO Box 19087 Greenville, SC 29602-9087

1.800.234.5514 ■ Traditional/Fixed Annuities  
1.800.423.9398 ■ Variable Life/Annuities

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one - or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and an original copy given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION ON \_\_\_\_\_

NAME OF INSURED					
COMPANY	TYPE OF POLICY	POLICY NUMBER	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If more policies are involved, use additional forms*

PROPOSED POLICY INFORMATION ON \_\_\_\_\_

NAME OF INSURED			
COMPANY	TYPE OF POLICY	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indiana Department of Insurance Regulation 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. *(You have the right, within twenty days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)*

\_\_\_\_\_  
APPLICANT/INSURED'S SIGNATURE

\_\_\_\_\_  
REPLACING AGENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\*AS SHOWN ON FACE OF POLICY

(\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
INDIANA LICENSE NUMBER