



1455 West Lake Street
Minneapolis, MN 55408-2666
(800) 945-8851
www.sonsofnorway.com

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

You have been offered a certificate 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 certificate 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 certificate, including the payment of commissions to the financial benefits counselor 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 certificate provides 30 days for you to decide whether you wish to keep it.

The financial benefits counselor 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

Financial Benefits Counselor's Signature

Date



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**IMPORTANT NOTICE REGARDING
THE REPLACEMENT OF YOUR ANNUITY CONTRACT**

You have been offered a new annuity contract to replace your existing annuity contract.

Before you replace your existing annuity contract, you should consider the financial gains and losses of replacement.

You may incur additional costs to acquire the new annuity contract.

To make an informed decision about the replacement of your existing annuity contract, you should discuss the provisions of that contract with the producer of insurance or the insurance company which issued it to determine whether your existing annuity contract may be revised to meet your present needs.

Your new annuity contract provides 30 days for you to decide if you wish to keep it.

The producer of insurance or insurance company which is offering to replace your existing annuity contract is required to obtain your signature on this notice and to notify your existing insurance company that you are considering the replacement of your existing annuity contract.

I have read this notice and received a copy of it for my records. I have also received a copy of the written comparison of the proposed annuity contract and my existing annuity contract.

Prospective Buyer Signature

Date

Financial Benefits Counselor's Signature

Date



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COMPARATIVE INFORMATION FORM FOR EXISTING AND PROPOSED INSURANCE OR ANNUITIES

EXISTING LIFE INSURANCE POLICY/ANNUITY CONTRACT

 Owner/Annuitant(s)

 Insurer

 Contract #

 Product Type*

 Product Name

PROPOSED CERTIFICATE

 Owner/Annuitant(s)

 Insurer

 Application #

 Product Type*

 Product Name

FOR BOTH LIFE INSURANCE AND ANNUITIES: (Complete all that is applicable)

Contract or Policy Provision	Existing Contract/Policy	Replacement Certificate
Current Proposed Premium/ Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		

* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

Form continues on following page.



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COMPARATIVE INFORMATION FORM (CONTINUED)

FOR BOTH LIFE INSURANCE AND ANNUITIES: (CONTINUED)

Contract or Policy Provision	Existing Contract/Policy	Replacement Certificate
Surrender Charge Period in Years/ Charge Percentage Per Year/ Years Remaining		
Are free withdrawals available? If yes, what percentage? List options.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other significant policy or contract provisions		

FOR ANNUITIES ONLY: (Complete all that is applicable)

Contract Provision	Existing Contract/Policy	Replacement Certificate
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn		
Sub-Account Choices		
Guaranteed Purchase/ Settlement Options		

I have received a copy of this completed form.

 Owner/Annuitant

 Date

 Joint Owner/Annuitant

 Date

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

 Financial Benefits Counselor's Signature

 Date



SALES LITERATURE CERTIFICATION FORM

Regarding: _____
Applicant Name

I certify that I used only the following insurer approved sales materials. (Check all that apply) Copies of all sales materials used were left with the applicant.

Illustration Brochure Financial Plan Other _____

Financial Benefits Counselor's Signature

Date

Printed Name