



**SONS OF
NORWAY**

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

**IMPORTANT NOTICE REGARDING
REPLACEMENT OF LIFE INSURANCE AND ANNUITIES**

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity certificate. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity 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 your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice to discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, 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 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 misrepresentation or omission concerning the medical information requested in your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed certificate. Your existing policy may have options which are not available under the certificate being proposed to you or may not come into effect under the proposed certificate until a later time during your life. Also, your proposed certificate's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new certificate. On the other hand, the proposed certificate 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 certificate, you should understand that in the event of your death, the amount of any 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 certificate, you will have 30 days from the date the new certificate is received by you to notify us you are cancelling the certificate issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new certificate, examined it and have found it acceptable to you.

Applicant's Signature

Date

Financial Benefits Counselor's Signature

Date



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DISCLOSURE STATEMENT

This disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance.

This disclosure statement shall not be considered as an offer to contract or as altering or modifying any certificate or rider that may be issued.

Name of Proposed Insured _____ Age _____ Sex _____

Name of Financial Benefit Counselor preparing disclosure _____

Agent home or agency address _____

Telephone number of Financial Benefits Counselor _____

Direct all correspondence to: Sons Of Norway Headquarters
 1455 West Lake Street phone: (612) 827-3611
 Minneapolis, MN 55408-2666 toll-free: (800) 945-8851
 www.sonsofnorway.com fax: (612) 827-0658

	Descriptive Title of Coverage	Face Amount (1) / Description	Annual Premium or Mode Quoted (2)
*Certificate			
*Riders			
* Supplemental Benefit(s) (Built into certificate)			The cost is included in the premium for the certificate.

*(1) The face amount of coverage of the certificate changes as follows

*(2) The premium for the certificate changes; the ultimate premium will be _____ at _____ certificate year. Total (Initial) premium for the certificate and rider will be _____.

*Retirement Income. Your certificate is designed to pay a guaranteed retirement income of \$ _____ starting at _____ for _____ but not for less than 10 years.



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DISCLOSURE (CONTINUED)

*Guaranteed Cash Value. If you continuously pay your premiums on this certificate as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). *You may borrow against this cash value at an annual _____% loan interest charge.

Number of Years Policy Has Been in Force	5	10	20	Age 65
Total Accumulated Cash Value Per \$1,000 (or Total Face Amount)				

*Dividends. The following is a dividend illustration for your certificate based on the current interest, mortality and expense experience of the company as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be. *Payment of a dividend is contingent upon the payment of the next premium due.

Number of Years Policy Has Been in Force	10	20
Illustrated Dividend for that Individual Year per \$1,000 (or Face Amount)		

*A Surrender Comparison Index will be provided upon delivery of the certificate or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar certificates.

*The prospective insured: has requested an earlier delivery of the Index
 has not requested an earlier delivery of the Index

Upon request either the company or financial benefits counselor will furnish you with additional information about the insurance described.

*If inapplicable to insurance being offered, section may be deleted entirely or clearly marked "Not Applicable."



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