



1455 West Lake Street  
Minneapolis, MN 55408-2666  
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www.sonsofnorway.com

## REPLACEMENT NOTICE

This is a notice of intention to replace the following **EXISTING** life insurance policy or annuity:

**EXISTING POLICY OR ANNUITY**

Name of Insured: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

\_\_\_\_\_

Type of Exchange of Coverage:  Lapsed Policy

\_\_\_\_\_

Loan

Surrender

**REPLACEMENT COVERAGE IS AS FOLLOWS:**

Name of Insurer: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Name of Financial Benefits Counselor: \_\_\_\_\_

Generic Description of Replacing Certificate: \_\_\_\_\_

\_\_\_\_\_

I presently have a policy with \_\_\_\_\_ and wish to  
(COMPANY NAME)  
replace it with a Sons of Norway \_\_\_\_\_  
(GENERIC DESCRIPTION).

I have received and read a copy of this Replacement Notice.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, as financial benefits counselor for Sons of Norway, am replacing a \_\_\_\_\_ policy  
(COMPANY NAME)  
with a Sons of Norway \_\_\_\_\_ certificate and have explained the  
(GENERIC DESCRIPTION)  
provisions of the certificate and any penalties for surrender.

\_\_\_\_\_  
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**