

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

## NOTICE REGARDING REPLACEMENT

## **Replacing your Life Insurance Policy or Annuity?**

Are you thinking about buying a new life insurance policy or an annuity and discontinuing or changing an existing one? If you are, your decision could be a good one—or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent who sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

The following policy(ies) may be replaced as a result of this transaction:

| Insurer as it appears<br>on the policy | on the policy  |   | Policy Number           |  |
|--|--|---|-------------------------|--|
| The proposed policy is_                | Type of policy—generic n   |   | 5<br>Face amount        |  |
| Date                                   |  | Financial Benefits C                          |                         |  |
| X<br>Applicant's Signature             |  | X<br>Financial Benefits Counselor's Signature |                         |  |
|  | NTION CONSUMER: THIS NOTICE IS REA<br>PLEASE READ IT CAREFU<br>ad a copy of Notice Regarding Repla | JLLY BEFORE SIGNING.                          | NCE COMMISSIONER.       |  |
|  | ad a copy of Police Regarding Repl   | accinent.                                     |                         |  |
| Applicant's Signature                  |  | Date  |                         |  |
| 825 CA IL (04/09)                      | Signed Original Copy-Headquarters  | Photocopy                                     | y-Applicant Photocopy-F |  |



## **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**