



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

**NOTICE TO APPLICANT
 REGARDING REPLACEMENT OF LIFE INSURANCE**

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed certificate and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for the facts on the proposed certificate is the proposed company and its financial benefits counselor. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish to receive a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials on the appropriate line. YES NO

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW CERTIFICATE HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

 Applicant's Signature and Printed Name

 Date

 Financial Benefits Counselor's Signature and Printed Name

 Date

 Financial Benefits Counselor's Address (Printed or Typed)

 Financial Benefits Counselor's Company (Printed or Typed)

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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

COMPARATIVE INFORMATION FORM FOR EXISTING AND PROPOSED INSURANCE

EXISTING INSURANCE

Existing Insurer _____

Insurer's Address _____

APPLICANT INFORMATION

Name _____

Address _____

Telephone (_____) _____

Date of Birth _____ Age _____

POLICY INFORMATION

Policy Generic Name _____

Policy Number _____

Date of Issue _____ Issue Age _____

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

POLICY / RIDER DESCRIPTION

Policy Rider Name _____

Initial/Continuing Benefit _____

(Age) Benefit From & To _____

Initial/Renewable Annual Premium _____

(Age) Payable From & To _____

Total Initial Annual Premium \$ _____

Mode of Payment _____

Amount \$ _____

Total Renewal Annual Premium \$ _____

Amount \$ _____

PROPOSED INSURANCE

Proposed Insurer _____

Insurer's Address _____

Replacing Agent's Name _____

APPLICANT INFORMATION

Name _____

Address _____

Telephone (_____) _____

Date of Birth _____ Age _____

POLICY INFORMATION

Policy Generic Name _____

Policy Number _____

Date of Issue _____ Issue Age _____

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

POLICY / RIDER DESCRIPTION

Policy Rider Name _____

Initial/Continuing Benefit _____

(Age) Benefit From & To _____

Initial/Renewable Annual Premium _____

(Age) Payable From & To _____

Total Initial Annual Premium \$ _____

Mode of Payment _____

Amount \$ _____

Total Renewal Annual Premium \$ _____

Amount \$ _____

COMPOSITE DISCLOSURE OF EXISTING INSURANCE FOR PRIMARY INSURED

Year	Age	Guarantees				Projections*			
		Annual Premium	Cum. Premium	Cash Value	Death Benefit	Annual Premium	Cum. Premium	Cash Value	Death Benefit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year	Age	Guarantees				Projections*			
		Annual Premium	Cum. Premium	Cash Value	Death Benefit	Annual Premium	Cum. Premium	Cash Value	Death Benefit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.



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

DISCLOSURE

PLEASE READ CAREFULLY: This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the second page of this form for explanatory notes and instructions as to how this form has been completed.

PART A – CURRENT POLICY INFORMATION

LIFE ANNUITY

Policy Owner's Name _____

Policy Number _____

Current Death Benefit \$ _____

Current Premium Amount \$ _____

Mode of Payment _____

Cash Surrender Value \$ _____

Paid-up Addition Value \$ _____

Dividend Value \$ _____

The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B.

PART B – PROPOSED CERTIFICATE INFORMATION

LIFE ANNUITY

Initial Death Benefit: \$ _____

Proposed Premium Amount: \$ _____

Mode of Payment: _____

Proposed Effective Date: _____

Premium Payable to Age: _____ or for _____ Years

NOTE: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

PART C - SOURCE OF FUNDING FOR THE PROPOSED CERTIFICATE

A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest rate of _____%. A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode). A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

PART D – YOUR CURRENT POLICY COULD TERMINATE

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date). It is estimated that you will begin making premium payments for the PROPOSED CERTIFICATE from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED CERTIFICATE may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Policy Owner Signature _____ Date _____

Financial Benefits Counselor's Signature _____ Date _____

Florida Licensed Agent ID No. _____



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

DISCLOSURE INSTRUCTIONS

COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY.
ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE
COMPLETED. ONE COPY IS DELIVERED TO THE POLICY OWNER AND
ONE COPY MAINTAINED BY THE INSURER.

Any and all information applicable to the transaction shall be fully and completely disclosed on Form 825 FL DISC. If the information requested does not apply to the transaction, the words “not applicable” or “N/A” shall be entered.

PART A

The information to be disclosed in Part A of Form 825 FL DISC shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, “current death benefit” is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term “cash surrender value” is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term “paid-up addition value” is defined as the cash value of additional insurance purchased with policy dividends. The term “dividend value” is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of Form 825 FL DISC shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, “proposed premium amount” is defined as any recurring payment, which is planned to be paid, or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of Form 825 FL DISC shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a “partial surrender” is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term “mode” is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words “one time only” shall be entered in the space provided. The term “loan interest rate” is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of Form 825 FL DISC shall apply to the current, in-force policy and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, Form 825 FL DISC shall be signed and dated by the soliciting financial benefits counselor, as well as by the policy owner. For identification purposes, the financial benefits counselor shall enter his or her Florida License Number in the space provided.