OFFICER #____________

MOUNTAIN LIFE INSURANCE COMPANY
P.O. Box 240 Alcoa, TN 37701-0240

TERM LIFE INSURANCE APPLICATION

POLICY # (**HOME OFFICE USE ONLY**)

PRIMARY INSURED

FULL NAME				SEX	HEIGHT	WEIGHT
ADDRESS				DATE OF BIRTH/ STATE		AGE
CITY	STATE	ZIP	HOME PHONE ( ) -	BUSINESS PHONE ( ) -	SOC. SEC. # - -	
EMPLOYER			OCCUPATION			

JOINT INSURED

FULL NAME				SEX	HEIGHT	WEIGHT
ADDRESS				DATE OF BIRTH/ STATE		AGE
CITY	STATE	ZIP	HOME PHONE ( ) -	BUSINESS PHONE ( ) -	SOC. SEC. # - -	
EMPLOYER			OCCUPATION			

SINGLE PREMIUM

LEVEL SINGLE ☐
JOINT ☐
DECREASING SINGLE ☐
JOINT ☐

OR

ANNUAL PREMIUM

MORTGAGE PROTECTION SINGLE ☐
JOINT ☐
LEVEL PREMIUM SINGLE ☐
JOINT ☐

METHOD OF PAYMENT

ANNUAL ☐
SEMI-ANNUAL ☐
QUARTERLY ☐
MONTHLY PAC ☐
PREPAID______ YRS ☐

INITIAL FACE AMOUNT $__________________

TERM IN YEARS ___________________

PREMIUM $__________________

BENEFICIARY (WITH RIGHT TO CHANGE) PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME.	RELATIONSHIP

HEALTH INFORMATION

Question	PRIMARY YES	PRIMARY NO	JOINT YES	JOINT NO
1. During the past ten years have you been treated for or advised by a licensed physician that you had any of the following: disease of heart, blood, lungs, liver, or kidneys; AIDS; any mental, nervous, circulatory, digestive, or immune disorder; high blood pressure; cancer or tumor; diabetes; drug or alcohol abuse?	☐	☐	☐	☐
2. Other than those conditions covered in question 1, during the past five years, have you consulted a doctor, or other health care provider or been hospitalized?	☐	☐	☐	☐
3. Have you ever or do you ever intend to pilot an aircraft, scuba dive, race motor vehicles, skydive, or participate in any other similar activity or sport?	☐	☐	☐	☐
4. Have you smoked cigarettes, cigars, or pipe tobacco within the past twelve months?	☐	☐	☐	☐

IF YES, GIVE DETAILS ON A SEPARATE SHEET OF PAPER. (INDICATE REASONS, DATES, NAMES, AND PHONE NUMBER OF DOCTORS.)(INDICATE ALL PRESCRIPTION MEDICATIONS.)

AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize any licensed physician, medical practitioner, pharmacy benefits manager, hospital, clinic or other medical or medically related facility, insurance company, MIB Inc. ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give to the Mountain Life Insurance Company, or its reinsurers, any such information. These records should include any treatment regarding alcoholism, drug abuse, AIDS, HIV testing AIDS related illness and psychiatric care or any physical or mental condition and/or treatment rendered. I authorize Mountain Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. A photographic copy of this authorization shall be as valid as the original. Duration and Revocation: This authorization will be valid for 30 months but I understand that I may revoke it at any time by giving written notice to the Company at the above address. I understand that there are limitations on my right to revoke this authorization. Any action taken in reliance on this authorization will be valid if such action has been taken prior to receipt of notice of revocation. If this authorization is used to collect information in connection with a claim for benefits, it will be valid for the duration of the claim. If the law of my state so provides, my authorization may not be revoked during a contestable investigation. I also understand that my revocation of this authorization will not result in the deletion of codes in the MIB database if such codes are reported by the Company(or the Company becomes obligated to report such codes to MIB) while this authorization is in force. I acknowledge receipt of the Notice of Information Practices, including notices explaining my rights under the Fair Credit Reporting Act as it pertains to investigative consumer reports and MIB.

I have read and agree to all the terms and conditions on the "Authorization to Obtain Information" above and the "Agreement" located on the reverse side of this form. I also agree to assign the benefits of this policy to ___________________________________ as explained on the reverse side of this form.

To the best of my knowledge, the insurance applied for in this application will ☐ will not ☐ replace existing insurance or annuities.

Primary Insured ______________________________________ **Joint Insured** ____

To the best of my knowledge, the insurance applied for in this application will ☐ will not ☐ replace existing insurance or annuities.

Agent______________________________________ **Dated** _______________________________**At**______________________________

MOUNTAIN LIFE INSURANCE COMPANY

AGREEMENT, ASSIGNMENT, AND NOTICE OF INFORMATION PRACTICES

AGREEMENT

It is understood and agreed that:

1. I have carefully read the statements and answers in this application. They are, to the best of my knowledge and belief, true and complete. They and the answers to any required medical examination will become a part of this application and any policy issued on it.
2. No agent has the authority to waive the answer to any question, to determine insurability, to waive any of the company's rights or requirements, or to make or alter any contract or policy.
3. For applicants seeking coverage in the amount of $300,000 or less and a premium deposit is tendered; the insurance applied for will only take effect when the Proposed Insured is found to be a standard risk under the Mountain Life Insurance Company rules; all medical tests and examinations are completed; the policy is delivered; and the first premium is paid in full; while the health of the Proposed Insured remains as stated in this application and during the Proposed Insured's lifetime.
4. On applications seeking coverage in excess of $300,000, no advance premium deposit will be accepted and no insurance will take effect unless all medical tests and examinations are completed; the Proposed Insured is found to be a standard risk under the Mountain Life Insurance Company rules (or rated coverage is offered by Mountain Life Insurance Company and accepted by the Proposed Insured); the policy is delivered; and the first premium is paid in full while the health of the Proposed Insured remains as stated in the application and during the Proposed Insured's lifetime.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. **(In Alabama and Arkansas)** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ASSIGNMENT

FOR VALUE RECEIVED, I hereby assign and transfer to the entity designated on the front of this application, its successors and assigns, the policy issued by Mountain Life Insurance Company. This includes all claims, options, privileges, rights, title and interest therein, with the exception of the right to designate and change the beneficiary. This assignment is collateral security for any liabilities of the assignor to the assignee. The sole signature of the assignee shall be sufficient for the exercise of any rights under the policy assigned hereby and the sole receipt of the assignee shall be a full discharge and release therefore to Mountain Life Insurance Company.

NOTICE OF INFORMATION PRACTICES

Including Fair Credit Reporting Act Notice and MIB, Inc. Pre-Notice

We thank you for your application. It is the major source of information about you, which we use in evaluating your application and reviewing your policy. However, we wish to inform you that we may order an investigative consumer report as to your insurability. If an investigative consumer report is prepared concerning this application, you may request an interview concerning the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether we ordered such a report, we will be pleased to furnish this information, upon your written request to our Home Office. You may also receive additional information as to its nature and scope, including the name, the address and the telephone number of the reporting agency. You may receive a copy of such report by contacting the reporting agency.

Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency.

We usually will not disclose information about you without your prior written authorization. However, in certain situations we may disclose some of this information about you to third parties having a business interest in an insurance transaction involving you, or having a contract with us to perform part of our insurance function. This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our Home Office. Please mail your written request to the address in the box below.

We, or our reinsurers, may make a brief report to the MIB, Inc. MIB, Inc. is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply the company with the information in its file. At your request, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIBs information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The telephone number is 866-692-6901.Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

MIB Pre-Notice

We, or our reinsurers, may make a brief report to the MIB, Inc. MIB, Inc. is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply the company with the information in its file. At your request, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIBs information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The telephone number is 866-692-6901.Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

PLEASE GIVE THIS PAGE TO APPLICANT AT TIME OF APPLICATION

INSURANCE DISCLOSURE STATEMENT AND AGREEMENT TO ARBITRATE DISPUTES

There are certain things that Mountain Life Insurance Company would like you to know concerning your purchase of credit life and/or other insurance. Below are some items of particular importance. However, you should read your insurance contract documents for the exact features of the coverage you are purchasing.

Credit life insurance benefits may be less than the amount needed to pay off your loan, such that your estate will be responsible for the difference between the insurance benefits and the amount needed to pay off your loan.

If the coverage is available and you purchase credit disability insurance (accident and health), your coverage will make payments on your loan, in accordance with the terms and conditions of your policy, should you become sick or disabled.

If you purchase Accidental Death insurance, the benefits will be paid as you direct.

If you elect to purchase any insurance, commissions will and other compensation may be paid to the Creditor, its agents, employees, or affiliates.

Insurance which is not specifically designed to pay off your debt with the Creditor is not credit insurance and any benefits will be paid as you may designate or as provided in your certificate/policy evidencing such insurance.

YOU CANNOT BE DENIED CREDIT SIMPLY BECAUSE YOU CHOOSE NOT TO BUY INSURANCE.

BINDING ARBITRATION AGREEMENT WITH MOUNTAIN LIFE INSURANCE COMPANY

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY

IN THE EVENT OF ANY DISPUTE, CLAIM, QUESTION OR DISAGREEMENT (“CLAIM”) BY OR AMONG THE COMPANY, THE CREDITOR, THE APPLICANT/OWNER OR THEIR SUCCESSORS, AGENTS OR BENEFICIARIES ARISING OUT OF OR RELATING TO THE POLICY AND/OR ANY CERTIFICATE ISSUED PURSUANT TO THE POLICY, THE PARTIES SHALL USE THEIR BEST EFFORTS TO SETTLE SUCH DISPUTE THROUGH NEGOTIATION AND, FAILING A NEGOTIATED RESOLUTION OF A CLAIM WITHIN 60 DAYS, SUCH CLAIM MUST BE SUBMITTED TO BINDING ARBITRATION PURSUANT TO THE PROVISIONS OF THE FEDERAL ARBITRATION ACT, 9 U.S.C. § 1, ET SEQ. (THE “FAA”). ARBITRATION PROCEEDINGS MAY BE COMMENCED BY EITHER PARTY AND SHALL BE CONDUCTED BY THE NATIONAL ARBITRATION FORUM (“NAF”) UNDER THE ITS RULES AND CODE OF PROCEDURE IN EFFECT AT THE TIME THE CLAIM IS FILED. RULES AND FORMS OF THE NATIONAL ARBITRATION FORUM (“NAF”) MAY BE OBTAINED AND CLAIMS MAY BE FILED AT ANY NAF OFFICE, *WWW.ARB-FORUM.COM*, OR P.O. BOX 50191, MINNEAPOLIS, MINNESOTA 55405, TELEPHONE 1-800-474-2371. IF THE NAF IS UNABLE OR UNWILLING TO ACT AS ARBITRATOR (DEFINED AS AN INDEPENDENT, NEUTRAL PARTY, WHO GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES), WE MAY SUBSTITUTE ANOTHER NATIONALLY RECOGNIZED, INDEPENDENT ARBITRATION ORGANIZATION THAT USES A SIMILAR CODE OF PROCEDURE. THE COST OF THE ARBITRATION PROCEEDINGS WILL BE BORNE BY THE COMPANY, WITH THE EXCEPTION OF THE COST OF YOUR REPRESENTATION AND, IF THE ARBITRATOR FINDS THAT YOUR CLAIM IS WITHOUT SUBSTANTIAL JUSTIFICATION, THE ARBITRATOR SHALL HAVE THE AUTHORITY TO ORDER THE COST OF THE ARBITRATION PROCEEDINGS TO BE BORNE BY YOU. ANY ARBITRATION HEARING AT WHICH YOU MUST PERSONALLY APPEAR WILL TAKE PLACE IN YOUR COUNTY OF RESIDENCE UNLESS ANOTHER LOCATION IS MUTUALLY AGREED UPON BY THE PARTIES. THE DECISION OF THE ARBITRATOR WILL BE FINAL AND BINDING ON THE PARTIES TO THE ARBITRATION. THE ARBITRATION AWARD IS SUBJECT TO A LIMITED JUDICIAL REVIEW AS PROVIDED BY THE FAA AND MAY BE ENFORCED BY ANY COURT HAVING JURISDICTION. THE ARBITRATOR SHALL FOLLOW EXISTING SUBSTANTIVE LAW TO THE EXTENT CONSISTENT WITH THE FAA AND APPLICABLE STATUTES OF LIMITATIONS AND SHALL HONOR ANY CLAIMS OR PRIVILEGE RECOGNIZED BY LAW. IF ANY PARTY REQUESTS, THE ARBITRATOR SHALL WRITE AN OPINION CONTAINING THE REASONS FOR THE AWARD.

NO CLAIM SUBMITTED TO ARBITRATION IS HEARD BY A JUDGE OR JURY AND NO CLAIM MAY BE BROUGHT AS A CLASS ACTION OR AS A PRIVATE ATTORNEY GENERAL. YOU WILL NOT HAVE THE RIGHT TO ACT AS A CLASS REPRESENTATIVE OR PARTICIPATE AS A MEMBER OF A CLASS OF CLAIMANTS WITH RESPECT TO ANY CLAIM.

(CONTINUED ON REVERSE SIDE)

(CONTINUED FROM FRONT SIDE)

FOR PURPOSES OF THIS ARBITRATION AGREEMENT, "WE", "US" OR "COMPANY" MEANS MOUNTAIN LIFE INSURANCE COMPANY, ITS PARENT, SUBSIDIARIES, AFFILIATES, AND ALL THE OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS. ADDITIONALLY "WE" OR "US" SHALL MEAN ANY THIRD PARTY PROVIDING BENEFITS, SERVICES, OR PRODUCTS IN CONNECTION WITH THE POLICY (INCLUDING BUT NOT LIMITED TO CREDITORS, AND REINSURANCE COMPANIES, AND INSURANCE AGENT AND AGENCIES) IF, AND ONLY IF, SUCH A THIRD PARTY IS NAMED BY YOU AS A CO-DEFENDANT IN ANY CLAIM YOU ASSERT AGAINST US. ALSO, FOR PURPOSE OF THIS ARBITRATION SECTION, "YOU" OR "YOURS" SHALL MEAN ANY APPLICANT, PERSON INSURED OR CERTIFICATE HOLDER UNDER THE POLICY AND THEIR HEIRS, SUCCESSORS, REPRESENTATIVES AND ASSIGNS. THERE MAY BE INTERVENTION AND JOINDER IN THE ARBITRATION OF ANY PERSON OR ENTITY WHICH WOULD OTHERWISE BE A PROPER ADDITIONAL PARTY IN A COURT ACTION AND UPON SUCH INTERVENTION AND JOINDER, ANY PENDING COURT ACTION AGAINST SUCH ADDITIONAL PERSON OR ENTITY SHALL BE STAYED PENDING THE ARBITRATION.

CLAIMS SUBJECT TO ARBITRATION SHALL INCLUDE BUT NOT BE LIMITED TO INTERPRETATION OF THE POLICY; ANY CERTIFICATE ISSUED PURSUANT TO THE POLICY; BENEFIT PAYMENT; OWNERSHIP; BENEFICIARY DESIGNATION; PREMIUMS; SALES REPRESENTATION; THE APPLICATION; INFORMATION CONTAINED IN THE APPLICATION; AGENT CONDUCT; ANY CLAIM ALLEGING FRAUD, DECEIT OR SUPPRESSION OF ANY MATERIAL FACT; OR ANY OTHER MATTER ARISING OUT OF OR RELATING IN ANY WAY TO THE POLICY OR YOUR RELATIONSHIP WITH THE COMPANY, ITS AGENTS, SERVANTS, EMPLOYEES, OFFICERS, DIRECTORS AND AFFILIATE COMPANIES.

NOTICE AND ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT

BY SIGNING THIS DISCLOSURE STATEMENT, YOU THE APPLICANT(S) AND THE CREDITOR ACTING FOR ITSELF AND AS AGENT FOR MOUNTAIN LIFE INSURANCE COMPANY, HEREBY ACKNOWLEDGE THAT THE INSURANCE ISSUED TO THE UNDERSIGNED APPLICANT(S) AND ALL RENEWALS AND REPLACEMENTS OF IT TAKE PLACE IN AND SUBSTANTIALLY AFFECT INTERSTATE COMMERCE. THEREFORE, THE FEDERAL ARBITRATION ACT, WHICH PERMITS AND PROMOTES ARBITRATION AS A MEANS OF DISPUTE RESOLUTION, APPLIES TO THE INSURANCE ISSUED TO THE APPLICANT(S). YOU, ANY CREDITOR, AND THE COMPANY AGREE TO SUCH ARBITRATION.

I UNDERSTAND THAT THIS SAME TYPE OF INSURANCE MAY BE AVAILABLE THROUGH AN INSURANCE COMPANY THAT DOES NOT REQUIRE THAT INSURANCE RELATED DISAGREEMENTS BE RESOLVED BY BINDING ARBITRATION.

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE FOREGOING ARBITRATION AGREEMENT AND HAVE RECEIVED A COPY FOR MY RECORDS.

____
Creditor

By:____
Its: Authorized Representative

DATE:______________________ **APPLICANT**________________________ **CO-APPLICANT**________________________

Certificate/Policy Number(s):________________________ ________________________

MOUNTAIN LIFE INSURANCE COMPANY
P.O. Box 240
Alcoa, Tennessee 37701-0240
800-888-6542

Medical Records Release Authorization

Completion of this Authorization is required in order to consider your application for our insurance or to make a determination of eligibility for benefits on your claim.

By executing this Authorization, I authorize all health care providers that have been involved in my care, diagnosis or treatment (including, but not limited to, physicians, hospitals, clinics, medical practitioners, and other medically related facilities) to disclose my medical records (including, but not limited to, patient histories, progress notes, test results, x-rays and other diagnostic information) to Mountain Life Insurance Company for the purpose of:

Circle the purpose(s)

1) **Determining eligibility for insurance;**

2) **Determining benefits payable on a disability claim;**

3) **Determining benefits payable on a life claim.**

I understand and agree that Mountain Life Insurance Company may disclose my medical records and the information contained in those records to third parties, such as insurance companies, or to the representatives of such third parties (including reinsurers and information agencies) for the purpose(s) stated above.

I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.

I understand that I may revoke this Authorization, except to the extent that any health care provider or Mountain Life Insurance Company has acted in reliance upon this Authorization. My revocation of this Authorization must be submitted in writing to:

Mountain Life Insurance Company
P.O. Box 240
Alcoa, Tennessee 37701-0240

This Authorization will expire on _________________________, or if no date is filled in, twelve (12) months after the date the Authorization is signed.

A photocopy of the Authorization will be as valid as the original for the authorized purpose(s).

____	______________________________
Signature of Individual Whose Information is to be Disclosed or Authorized Representative	**Date of Birth**
____	______________________________
Print Name of Individual	**Date**

MOUNTAIN LIFE INSURANCE COMPANY
517 Airway Drive, P.O. Box 240, Alcoa, Tennessee 37701
800-888-6542

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? __ YES __ NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? __YES__NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because ____.

I certify that the responses herein are, to the best of my knowledge, accurate:

______________________________________ ________________
Applicant's Signature and Printed Name Date

______________________________________ ________________
Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. ______ (Applicants must initial only if they do not want the notice read aloud.)

Producer's Statement

I certify that only sales material approved by Mountain Life Insurance Company were used in conjunction, with this transaction, and copies of all sales materials including this Important Notice were left with the applicant. If applicable, electronically presented sales materials shall be provided in printed form to the applicant no later at the time of policy or contract delivery.

______________________________________ ________________
Producer's Signature and Printed Name Date

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:
Are they affordable?
Could they change?
You're older -- are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:
New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY:
If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?