



FARMERS LIFE INSURANCE COMPANY

Comparison Form – Replacement of Annuities (NV)

1. Deferred Annuity Comparison for the State of Nevada

	Existing Annuity	Proposed Annuity
Carrier name and address	_____	Farmers Life Insurance Company _____ 243 N. Peters Road _____ Knoxville, TN 37923 _____
Owner(s) name(s)	_____	_____
Annuitant(s) name(s)	_____	_____
Contract number	_____	Not applicable _____
Current Crediting Interest Rate	_____	_____
Length of Guarantee on Current Crediting Interest Rate	_____	_____
Premium bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ vesting time period remaining	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ vesting time period
Interest rate bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ vesting time period remaining	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ vesting time period
Annuity fund value/initial premium	_____	_____
Applicable surrender charges	_____	_____
Surrender charge remaining/new	_____	_____
Market value adjustment on surrender	_____	_____
Surrender charge period remaining/new	_____	_____
Cash surrender value	_____	_____
Death benefit value	_____	_____
Riders	_____	_____
	_____	_____
	_____	_____



FARMERS LIFE INSURANCE COMPANY

Existing Annuity

Proposed Annuity

Premium tax implications

_____	_____
_____	_____
_____	_____

2. Acknowledgment

I(We) have read this notice and received a copy of it for my(our) records. I(We) have also received a copy of the written comparison of the proposed annuity contract and my existing annuity contract.

_____	_____	_____
Prospective buyer name	Prospective buyer signature	Date signed

_____	_____	_____
Prospective buyer name	Prospective buyer signature	Date signed

3. Broker

_____	_____	_____
Broker name	Broker signature	Date signed