



FARMERS LIFE INSURANCE COMPANY

Notice of Replacement of Life Insurance or Annuities (WY)

Important Notice: Replacement of Life Insurance or Annuities

This notice must be signed by the applicant(s) and the insurance producer. Send the original to Farmers Life Insurance Company and a copy is to be left with the applicant(s).

1. Ask Questions – It’s Your Money – Get the Facts.

Whether it is to your advantage to replace or change your existing insurance or annuity program, only you can decide. It is in your best interest to obtain adequate information in order to compare relative short and long range costs and benefits before a final decision is made.

The producer or insurance company assisting you with this new purchase must notify your existing producer or company so that they may prepare a detailed, current statement concerning your existing program for your comparison. Statements and illustrations should not, however, be used as the sole bases to compare policies or contracts. We want you to understand the effects of replacements before you make your purchase decision, and ask that you review the statements listed under “Items to Consider.”

2. Existing Insurance That May be Replaced or Changed

Table with 4 columns: Insurer name and location, Insured or annuitant name, Policy number*, Face/annuity amount. Includes 6 rows of blank lines for data entry.

*If a number has not been assigned by the existing insurer, indicate alternative identification such as an application or receipt number.

Surrender charge of policy(ies) being replaced: _____% and \$_____
_____ % and \$_____

Sales charge of policy(ies) being purchased (if applicable): \$_____
\$_____

New surrender period and surrender charges of policy(ies) being purchased:

Table with 11 columns: Policy Year (1-10) and % Charge. Includes 2 rows of blank cells for data entry.

3. Items to Consider

1. Due to a possible change in insurability status (health, occupation or high risk recreational activities), you might be denied new coverage or the premium may be higher than a standard premium.
2. The Incontestability and Suicide Clause time periods would probably begin anew in the new policy. This could possibly result in a claim being denied that might otherwise have been paid under an existing policy or contract.
3. Your present insurance company may be able to modify your existing plan on terms which may be more favorable for you than completely replacing it with a new policy or contract.
4. Don't terminate or alter your existing policy until after the new policy has been delivered to you and accepted by you.
5. If you terminate your existing policy, you may incur surrender charges and/or penalties. The new policy you are purchasing may have a new surrender charge period and/or sales charge.
6. There may be tax consequences in replacing an existing policy. Is there a benefit from favorable "grandfathered" treatment of the old policy under federal tax code? Is this transaction a "tax free" exchange? See your tax advisor for specific tax advice regarding the proposed transaction.
7. Take your time in making your decision about purchasing the new policy. Gather all information about the new policy and compare it to your old policy. Remember, you do not have to make a decision during the first meeting with your sales person.
8. **Remember:** Following receipt of a new life insurance policy or annuity contract you should immediately examine its contents. If you are *not satisfied* with it for *any* reason, you have the right to return it within the thirty-day (30) "examination period" to the insurer at its home or branch office or to the producer through whom it was purchased for a full refund of premium. If you do return the policy or contract, you should request a dated receipt indicating that it was returned.

DID YOU READ THE "ITEMS TO CONSIDER"?

4. Acknowledgment

Owner name(s)	Phone	Birth date(s)	
Street address	City	State	ZIP
Proposed insured or annuitant name(s) (If different than owner)	Phone	Birth date(s)	
Street address	City	State	ZIP
Owner signature	Date signed		
Owner signature	Date signed		

5. Insurance Producer

Insurance producer name	Phone	License number	
Street address	City	State	ZIP
Insurance producer signature	Date signed		

