



FARMERS LIFE INSURANCE COMPANY

Notice of Replacement of Life Insurance or Annuities (TN)

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. Replacing your life insurance policy or annuity?

Are you thinking about buying a new life insurance policy or 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 that sold you your existing policy to give you information about it and its replacement. You are urged not to take action to terminate, assign or alter your existing policy until your new policy has been issued and you have examined it and found it acceptable.

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

If you should fail to qualify for the life insurance for which you have applied, you may fund yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

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

2. Policy Information for Existing Insurance

Table with 4 columns: Insurer name, Insured or annuitant name, Policy number*, Face/annuity amount. Includes three 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.

3. 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

4. Agent

Agent name Phone License number

Street address City State ZIP

Agent signature Date signed