



FARMERS LIFE INSURANCE COMPANY

Comparison Form – Replacement of Annuities (AR)

1. Deferred Annuity Comparison for the State of Arkansas

	Existing Contract/Policy	Replacement Contract/Policy
Carrier name and address	_____	Farmers Life Insurance Company _____
	_____	243 N. Peters Road _____
	_____	Knoxville, TN 37923 _____
Owner(s) name(s)	_____	_____
	_____	_____
Annuitant(s) name(s)	_____	_____
	_____	_____
Contract or application number	_____	_____
Policy Type*	_____	_____
Product Name	_____	_____
Current Proposed Premium/ Annual Consideration	_____	_____
Current Contract Value	_____	_____
Current Surrender Value	_____	_____
Death Benefit Amount	_____	_____
Current Interest Rate and Guarantee Period	_____	_____
Guaranteed Minimum Accumulation/Interest Rate	_____	_____
Surrender Charge Period in Years/ Charge Percentage per Year/ Years Remaining	_____	_____
Are free withdrawals available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, _____ charge percentage/year	If yes, _____ charge percentage/year
List Options	_____	_____
	_____	_____
Other significant policy or contract provisions	_____	_____
	_____	_____

*Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity



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Initial Bonus Percentage or Amount	_____	_____
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn	_____	_____
Sub-Account Choices	_____	_____
Guaranteed Purchase/ Settlement Options	_____	_____

2. Acknowledgment

I(We) have received a copy of this completed form.

_____	_____	_____
Owner/annuitant name	Owner/annuitant signature	Date signed

_____	_____	_____
Joint owner/annuitant name	Joint owner/annuitant signature	Date signed

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

_____	_____	_____
Producer name	Producer signature	Date signed