



FARMERS LIFE INSURANCE COMPANY

Notice Regarding Proposed Replacement of Life Insurance or Annuity (IL)

Name of existing insurer

Street address

City

State

ZIP

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

Identification

Name of insured

Name of joint insured if applicable

Street address

City

State

ZIP

Contract number:

Contract number:

Contract number:

Contract number:

Contract number:

Contract number:

This notice is pursuant to 50 Ill. Adm. Code 917.70(c).

Signature of insured

Date signed

Signature of joint insured if applicable

Date signed

Name of insurance producer

License number

Signature of insurance producer

Date signed

Please mail funds to the following:

Regular Mail: P.O. Box 21538, Oklahoma City, OK 73156

Express Mail: 13931 Quail Pointe Dr., Oklahoma City, OK 73134

Note that FedEx, UPS and other express mail deliveries will NOT be accepted at the P.O. Box.