



FARMERS LIFE INSURANCE COMPANY

Notice of Replacement of Life Insurance or Annuities (IN)

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?

If you are thinking about discontinuing or changing an existing life insurance policy or annuity contract and buying a replacement, your decision could be a good one – or possibly a mistake. Make sure you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
• Ask the company or agent that sold you your existing policy to provide you with complete information about it.
• Consider both sides before you decide.
• Consider your present health. You may have had a change that could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form must be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even through the proposed replacement policy is with the same company that sold you your existing policy.)

2. Existing Policy (if more policies are involved, use additional forms.)

Table with 6 columns: Insured name(s), Company, Policy type*, Policy number, Issue date, Basic policy face/annuity amount, Type of optional benefits. Includes a row for name(s) and six rows for policy details with dollar signs in the amount column.

* As shown on the face of the policy.

3. Proposed Policy

Insured name(s) _____

Company	Policy type*	Basic policy face/ annuity amount	Type of optional benefits
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

* As shown on the face of the policy.

Indiana Department of Insurance Regulation 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within twenty (20) days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

4. Acknowledgment

Owner signature _____ Date signed _____

Joint owner signature (if applicable) _____ Date signed _____

5. Replacing Insurance Agent

Insurance agent name _____ Phone _____ Indiana license number _____

Street address _____ City _____ State _____ ZIP _____

Insurance agent signature _____ 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.

