



FARMERS LIFE INSURANCE COMPANY

Notice to Owners
Regarding Replacement of Life Insurance or Annuities (OK)

This notice must be signed by the applicant(s) and agent, with the original sent to Farmers Life Insurance Company and a copy left with the applicant(s).

Statement By Applicant Regarding Notification of Replacement to the Replaced Insurer

I have read the "NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" which was furnished to me by the agent taking the application for this policy.

APPLICANT: PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS.

I want to have my present insurer(s) notified regarding this transaction.

Applicant name Applicant signature Date signed

Joint applicant name if applicable Joint applicant signature Date signed

I do not want to have my present insurer(s) notified regarding this transaction.

Applicant name Applicant signature Date signed

Joint applicant name if applicable Joint applicant signature Date signed

The signature of the owner shall be that of the insured unless someone other than the insured is the owner of the policy. If someone other than the insured is the owner of the policy, the owner must sign. If the insured is under eighteen (18) years of age, the parent is deemed to be the owner of the policy.

The life insurance or annuity I intend to purchase from Farmers Life Insurance Company may replace or alter existing life insurance or annuity policy(ies).

The following policy(ies) may be replaced as a result of this transaction:

Table with 4 columns: Insurer name on policy, Insured or annuitant name on policy, Policy number*, Face/annuity amount. Includes multiple rows for listing policies.

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

The proposed policy is: Type of policy - generic name Face/annuity amount

Certification By the Agent

I hereby certify that nothing was said or done during the sales presentation to influence the decision of the applicant regarding this statement. I further certify that I have not issued recommendations or made statements that are misleading or fraudulent. I have not presented unfair or incomplete comparisons regarding the terms or conditions of any annuity contract for the purpose of inducing or attempting to induce the owner of such contract to forfeit or surrender such contract or allow it to lapse for the purpose of replacing such contract in any way whatsoever.

Agent name

Agent signature

Date signed

Agent license number

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.

