



P.O. Box 830619  
Birmingham, AL 35283-0619  
Telephone: 800-366-9378

**NOTICE REGARDING PROPOSED REPLACEMENT OF LIFE INSURANCE OR ANNUITY**

\_\_\_\_\_  
Name of Existing Insurer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**GREETINGS**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Contract Number \_\_\_\_\_

Contract Number \_\_\_\_\_

Contract Number \_\_\_\_\_

**SIGNATURE**

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

\_\_\_\_\_  
Insurance Producer's Signature

\_\_\_\_\_  
Date



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