



2416 Sir Barton Way Suite 110 • Lexington, KY 40509
Phone: 800-888-6542 • Fax: 859-335-0307
contact@mountainlife.com • www.mountainlife.com

Notice of Replacement of Life Insurance or Annuities

Important Notice: Replacement of Life Insurance or Annuities.

This notice must be signed by the applicant(s) and the insurance agent. Send the original to Mountain 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.)

Insured Name(s)

Company	Policy Type*	Policy Number	Issue Date	Basic Policy Face/Annuity Amount	Type of Optional Benefits
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

*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.



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Indiana Department of Insurance Regulation 760 I AC 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. Acknowledgement.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

5. Replacing Insurance Agent.

(Insurance Agent Name)

(Phone)

(Indiana License No.)

(Address)

(City)

(State) (Zip Code)

Insurance Agent Signature: _____ Date: _____