

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).

Replacing your life insurance policy or annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it and its replacement. You are urged not to take action to terminate, assign or alter your existing policy until your new policy has been issued and you have examined it and found it acceptable.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

If you should fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

We are required by law to notify your existing company that you may be replacing their policy.

Owner Signature:	Date:
Agent Signature:	Date:

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Policy Information for Existing Insurance.

Insurer Name	Owner/Annuitant Name	Policy Number*	Amount
		-	\$
			\$
			3
			\$
			\$

*If a number has not beer receipt number.	n assigned by the existing in	nsurer, indicate alternat	ive identification such as a	an application or
The proposed policy is:	Type of Policy – Gene	ric Name \$	Annuity Amount	

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