

First **Catholic** Slovak Ladies **Association**

First Catholic Slovak Ladies Association of the United States of America
24950 Chagrin Blvd., Beachwood, OH 44122 • (800) 464-4642 • www.fcsla.org

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE EXHIBIT A

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish to receive a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box. YES NO

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

APPLICANT'S SIGNATURE _____

DATE _____

AGENT'S SIGNATURE _____

DATE _____

AGENT'S NAME (PRINTED OR TYPED) _____

AGENT'S ADDRESS (PRINTED OR TYPED) _____

AGENT'S COMPANY (PRINTED OR TYPED) _____

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

First **Catholic** Slovak Ladies **Association**

First Catholic Slovak Ladies Association of the United States of America
24950 Chagrin Blvd., Beachwood, OH 44122 • (800) 464-4642 • www.fcsla.org

EXHIBIT B COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

First Catholic Slovak Ladies Association of the United States of America
(Proposed Insurer)

24950 Chagrin Blvd., Beachwood, OH 44122
(Insurer's Address)

(Replacing Agent's Name)

Applicant Information

Name _____

Address _____

Telephone (__) _____

Date of Birth _____ Age _____

Policy Information

Policy Generic Name _____

Policy Number _____

Date of Issue _____ Issue Age _____

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

Policy / Rider Description

Policy Rider Name	Initial/ Continuing Benefit	(Age) Benefit From To	Initial/ Renewable Annual Premium	(Age) Payable From To
----------------------	-----------------------------------	--------------------------	---	--------------------------

Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

EXHIBIT B - (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude.

Competent tax advice should be secured to clarify income tax implication.

EXHIBIT B (continued)
COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE

(Proposed Insurer)

(Insurer's Address)

Applicant Information

Name _____

Address _____

Telephone (__) _____

Date of Birth _____ Age _____

Policy Information

Policy Generic Name _____

Policy Number _____

Date of Issue _____ Issue Age _____

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

Policy / Rider Description

Policy Rider Name	Initial/ Continuing Benefit	(Age) Benefit From To	Initial/ Renewable Annual Premium	(Age) Payable From To
----------------------	-----------------------------------	--------------------------	---	--------------------------

Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

EXHIBIT B - (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
Current								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude.

Competent tax advice should be secured to clarify income tax implication.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy Rider Description" section of the Comparative Information Form.
7. The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

Florida

For Florida there are two general replacement forms (then additional forms if the replacement is an annuity replacement for a senior). The replacement forms are: Exhibit A (entitled Notice to Applicant Regarding Replacement of Life Insurance) and Exhibit B (Comparative Information Form). They are to be used as follows:

EXHIBIT A: If there is a replacement, the applicant (with the help of the agent if necessary) should fill this form out. This form is for listing the policies that are to be replaced. Both the applicant and the agent need to sign it. The agent should leave one with the client, keep one and return one to us.

EXHIBIT B: This form is to be used ONLY IF the applicant checks the box in the sixth paragraph of EXHIBIT A indicating that they want to receive a Comparative Information Form. The purpose of this form is to tell the applicant about the certificate they are purchasing – fill in as much as the form as is applicable- if something does not apply, put N/A (and brief explanation if possible).

REPLACEMENT PROCESS:

1. Our application asks if the new cert will replace an old one. If the answer is YES, the applicant must be given Exhibit A which should be filled out by the agent (or client) and signed by the Agent. One copy should stay with the client, the agent should keep one copy and we should get one copy.
2. Once we receive the Exhibit A, if the applicant checks the box on Exhibit A requesting a Comparative Information Form, we must complete it within 5 days (or before the policy is issued - whichever is sooner) and send it to the applicant.
3. In addition to Exhibit B (if requested) we must send EVERY applicant a Buyer's Guide and policy summary no later than at the time of the delivery of the policy.
4. We must also send a copy of Form A to the existing insurer a letter informing them of the replacement within three days of our receipt of Exhibit A.
5. Record keeping: copies of all of the above replacement notices must be kept for a period of three years or until our ODI Examination following the replacement (whichever time period is longer).

SPECIAL FORMS FOR ALL ANNUITY REPLACEMENTS:

There are additional requirements in the Florida Annuity Suitability regulations for annuity replacements. The laws apply to those applicants 65 and older; however, to keep things easy, we will be using the 65 & older forms for ALL APPLICANTS – no matter what the age is.

The forms are as follows:

Suitability Form: Use the Florida suitability Form titled “Annuity Suitability Questionnaire”

Extra Replacement Form: You must also complete (as much as is applicable) the Disclosure and Comparison of Annuity Contracts Form.

Cover Sheet: You must also be sure to send the Florida Cover Letter (“titled” Important Time Sensitive Information) to the applicant with the certificate- it needs to be attached to the front of the certificate.