

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 APPLICANTS REGARDING
REPLACEMENT OF LIFE INSURANCE SOUTH DAKOTA**

This is a notice of intention to replace the following EXISTING life insurance policy or annuity:

NAME OF INSURED: _____

ADDRESS OF INSURED: _____

_____ PHONE: _____

NAME OF EXISTING INSURER: _____

EXISTING POLICY NUMBER: _____

NAME OF EXISTING AGENT: _____

TYPE OF EXCHANGE OF EXISTING COVERAGE: _____
(Example: Lapsed policy, loan or surrender)

The REPLACEMENT coverage is as follows: _____

NAME OF REPLACING INSURER: _____

NAME OF REPLACING AGENT: _____

REPLACEMENT POLICY NUMBER: _____
(or other identifying number [application or receipt number]).

GENERIC DESCRIPTION OF REPLACING POLICY: _____

I presently have a policy with _____
(company name)

and wish to replace it with First Catholic Slovak Ladies Association policy _____
(generic description)

Signature of Applicant _____ Date _____

I, as agent for _____, am replacing _____
(Applicant's Name, type or print) (company name)

policy, with First Catholic Slovak Ladies Association policy _____
(generic description)

and have explained the provision of the policy and any penalties for surrender.

Signature of Producer _____ Date _____

South Dakota

For South Dakota there is one state-specific replacement form, the Notice to Applicant Regarding Replacement of Life Insurance (“Replacement Form”). It is to be used as follows:

If the certificate to be purchased is to replace an existing policy, the agent should review the Replacement Form with the client and both the client and the agent need to sign the form. The agent should leave one copy with the client, keep one and return one to us.

The Agent should also complete the Sales Materials Verification Form and keep one copy and return one to us.

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 the Replacement Form which should be filled out by the agent (or client) and signed by both the Agent and the client. One copy should stay with the client, the agent should keep one copy and we should get one copy.
2. The Agent should also complete the Sales Materials Verification Form and keep one copy and return one copy to us.
3. Once we receive the Replacement Form, within 3 business days, we must send the existing insurer a copy of the Replacement Form and we must also send a policy summary & description. **WE CAN NOT ISSUE NEW POLICY UNTIL 10 DAYS AFTER THIS NOTICE IS SENT.**
4. After the 10 days have elapsed, the policy may be issued.
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).