



**6. Existing Coverage and Replacements**

"Replace" means that the life insurance policy being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract. If the transaction is a replacement, also complete the replacement-related form for the state where the application is signed.

A. Does any child proposed for coverage have any existing annuity, life insurance, or disability insurance or have any application pending for such coverage with this Company or any other company? .....  Yes  No

B. If question 6A is answered "yes", please provide the following information:

No.	Policy Number	Year of Issue	Coverage (see below)	Benefit Period (if DI)	Type (see below)	Coverage Being Replaced?	1035 Exchange?
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1	Company Name: _____ Amount of Coverage \$ _____						
	Child's Name: _____						
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2	Company Name: _____ Amount of Coverage \$ _____						
	Child's Name: _____						
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3	Company Name: _____ Amount of Coverage \$ _____						
	Child's Name: _____						
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4	Company Name: _____ Amount of Coverage \$ _____						
	Child's Name: _____						

**Coverage:** LI=Life, H=Health, A=Annuity, LT=LTC, DI= Disability Income    **Type:** i=individual, b=business, g=group, p=pending

**Agreement:** I agree that: (1) I have read the statements and answers contained in this Supplement, or they have been read to me; (2) They are true and complete to the best of my knowledge and belief; and (3) This Supplement shall be a part of the Application for life insurance for the Primary Proposed Insured listed above. As the Parent or Guardian of the child(ren) proposed for coverage, I agree that I have read the Authorization to Obtain and Disclose Information in Part A or it has been read to me. By signing below, I hereby consent to such authorization for the child(ren) proposed for coverage. I also attest that I have the legal right to apply for coverage on the child(ren) proposed for coverage.

**Owner Signature** (same Owner shown on the application)

X \_\_\_\_\_

**Owner signed on** (date) \_\_\_\_\_

**Custodial Parent or Legal Guardian of any child(ren) proposed for coverage Signature** (if other than Owner)

X \_\_\_\_\_

**Custodial Parent or Legal Guardian signed on** (date) \_\_\_\_\_

