

# Notice Regarding Replacement

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019

## IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

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 that 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.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which 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 though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on \_\_\_\_\_  
(Name of Insured)

COMPANY	TYPE OF* POLICY	POLICY NO.	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS

(If more policies are involved, use additional set of forms)

PROPOSED POLICY INFORMATION on \_\_\_\_\_  
(Name of Insured)

COMPANY	TYPE OF* POLICY	POLICY NO.	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS

Indiana Department of Insurance Regulation, 760 IAC 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 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.)

### Applicant/Insured's Signature

X

Applicant/Insured signed on (date) \_\_\_\_\_

Applicant/Insured's name (printed) \_\_\_\_\_

### Replacing Agent's Signature

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Indiana License Number \_\_\_\_\_

\*As shown on face of policy

A completed copy of this form must be provided to the Home Office and Applicant/Insured.

