



PILLAR LIFE INSURANCE COMPANY

711 SW D Ave #100

Lawton, OK 73501

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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 producer. Send the original to Pillar Life Insurance Company and a copy is to be left with the applicant(s).

1. Notice.

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing policy. New policies may contain provisions which limit benefits during the initial period of the policy, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

- Provide the consumer with a concise summary of the policy it proposes to issue;
• Allow at least a twenty day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund; and
• Advise the present insurance company(ies) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it.

Check this box if you wish a policy summary statement from your existing insurer(s).

It is seldom wise to terminate your existing policy until you new policy has been issued and you have examined it and found it to be acceptable.

2. Policy Information for Existing Insurance.

Table with 5 columns: Insurer Name, Name of Insured or Annuitant, Policy Number*, Generic Name, Face/Annuity Amount. Includes three rows of blank lines for data entry.

*If a number has not been assigned by the existing insurer, indicate alternative identification such as an application or receipt number.

The proposed policy is: Type of Policy – Generic Name Face/Annuity Amount

3. Acknowledgement.

Owner Name(s): Phone: Birth Date(s):
Address: City: State: Zip
Proposed Insured/Annuitant Name(s): Phone: Birth Date(s):
Address: City: State: Zip
Owner Signature: Date:
Owner Signature: Date:

4. Insurance Producer.

Producer Name: Phone: License Number:
Address: City: State: Zip
Producer Signature: Date: