



UNITED FARM FAMILY LIFE INSURANCE COMPANY
P.O. Box 7192
Indianapolis, IN 46207-7192
Phone: (317) 692-7979 Fax: (317) 692-7711

NOTICE REGARDING PROPOSED REPLACEMENT
LIFE INSURANCE POLICY OR ANNUITY

TO BE COMPLETED BY REPLACING INSURANCE PRODUCER

Name of Existing Insurer

Address

City, State, Zip Code

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company:

Table with 3 columns: Name of Insured, Address, Contract Number. Multiple rows for data entry.

This notice is given pursuant to 50 ILL. ADM. CODE 917.70(c).

Insurance Producer's Signature Date