



UNITED HOME 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 AGENT**

Name of Existing Insurer

Address

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:

Name of Insured	Address	Contract Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Agent's Signature

Date



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**NOTICE REGARDING REPLACEMENT
 REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?**

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in **your** best interest.

We are required by law to notify your existing company that you may be replacing their policy.

List below the identification of policies which are involved in the replacement transaction.

Name of Insurer	Insured	Contract Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____	_____
Applicant's Signature	Date	Agent's Signature	Date