



## AGENT'S REPLACEMENT REPORT

(Must be completed and submitted with the application in the event of replacement)

The following company approved printed and electronic sales material was presented to the applicant: (provide form number and print date or title, if no form number):

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All sales material listed above was left with the applicant. In addition, any individualized sales material and any illustration prepared for the applicant, have been left with the applicant and copies have been sent to Sentry with this application.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

340-351

4/07(✓)



340-351

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## NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITY

### REPLACING YOUR LIFE INSURANCE 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 insurance producer or company 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:

_____ Contract Number	_____ Insurance Producer's Signature
_____ Contract Number	_____ Date
_____ Contract Number	
_____ Contract Number	





## NOTICE REGARDING PROPOSED REPLACEMENT OF LIFE INSURANCE OR ANNUITY

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.

### Identification

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

This notice is given pursuant to 50 Ill. Adm. Code 917.70(c)

\_\_\_\_\_  
Insurance Producer's Signature

\_\_\_\_\_  
Closure





## U.S. Military Personnel Life Insurance Disclosure and Acknowledgement

\_\_\_\_\_  
Name of U.S. Military Personnel (please print)

I hereby acknowledge each of the following statements by placing an (x) in front of each statement.

\_\_\_\_\_ I do not reside on any U.S. Military Installation, Federal Land or other Federally Controlled Property.

\_\_\_\_\_ I am aware that subsidized life insurance is available to me as a member of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"), under subchapter III of chapter 19 of title 38, United States Code;

\_\_\_\_\_ I am aware of the amount of insurance coverage available to me under the SGLI program, together with the costs to me as a member of the Armed Forces for such coverage and prefer to purchase Life Insurance Protection from Sentry Life Insurance Company.

SGLI Death Benefit Available: \$\_\_\_\_\_ SGLI Premium: \$\_\_\_\_\_

\_\_\_\_\_ The Life Insurance Policy that I am applying for is being offered by Sentry Life Insurance Company and is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the life insurance product being offered.

\_\_\_\_\_ I have been informed that if the life policy I am applying for contains a premium loan feature and I do not pay the policy premiums, the cash value of the policy, if any, will be used to pay the policy premium and these loans will be subject to an interest charge.

\_\_\_\_\_ I received an explanation of any free look period with instructions on how to cancel if the policy is issued.

\_\_\_\_\_ I received a complete copy of the proposed Life Policy's Policy Illustration or Policy Summary which illustrates the policy's projected premiums, death benefits and any guaranteed or non-guaranteed values.

I hereby acknowledge:

\_\_\_\_\_  
Signature of U.S. Military Personnel

\_\_\_\_\_  
Date

Statement and Acknowledgement by Sentry Life Insurance Company Agent:

\_\_\_\_\_  
Name of Sentry Life Insurance Company Agent (please print)

I am Licensed in the State of \_\_\_\_\_ to sell Sentry Life Insurance Company. I will receive a commission for this product sale from Sentry Life Insurance Company. No other person shall receive any referral fee or incentive compensation in connection with the offer or sale of this life insurance product, unless such person is a licensed agent of the person engaged in the business of insurance that is issuing such product.

I hereby acknowledge as an Agent of Sentry Life Insurance Company:

\_\_\_\_\_  
Signature of Sentry Life Company Insurance Agent

\_\_\_\_\_  
Date

340-539

3/08 (✓)



340-539

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**Business Owned Life Insurance:  
Notice of Intent to Insure and Consent  
by Proposed Insured**



Date: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_

Maximum Amount of Life Insurance Coverage Applied for: \_\_\_\_\_ by

\_\_\_\_\_  
Company Name/Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

The Proposed Insured qualified as a:  
(Please check all that apply and at least one must be checked)

\_\_\_\_\_ Director

\_\_\_\_\_ 5% or Greater Owner of the Company at any time during the preceding year.

\_\_\_\_\_ Received Compensation in Excess of \$115,000 in the preceding year.

\_\_\_\_\_ One of the five highest Paid Officers.

\_\_\_\_\_ Among the Highest Paid 20% of All Employees.

I, \_\_\_\_\_, hereby have been notified that  
Print Name of Proposed Insured

\_\_\_\_\_  
Print Name of Company/Employer

will apply for a Maximum Amount of Life Insurance of \_\_\_\_\_ on my life and I  
Maximum Amount

hereby consent that the Company be the Owner and Beneficiary of any proceeds payable under said Life Insurance Policy on my life during employment or after I terminate my employment or association with said Company/Employer.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date

Acknowledgement of Signature: I witnessed the Signature of the Proposed Insured.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Employer: Retain in your records. Business owned life insurance may have tax implications. Please consult your tax advisor.

340-1004

9/2013(✓)



340-1004

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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.

### Identification

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

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\_\_\_\_\_  
Insurance Producer's Signature

\_\_\_\_\_  
Closure



**Business Owned Life Insurance:  
Notice of Intent to Insure and Consent  
by Proposed Insured**



Date: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_

Maximum Amount of Life Insurance Coverage Applied for: \_\_\_\_\_ by

\_\_\_\_\_  
Company Name/Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

The Proposed Insured qualified as a:  
(Please check all that apply and at least one must be checked)

\_\_\_\_\_ Director

\_\_\_\_\_ 5% or Greater Owner of the Company at any time during the preceding year.

\_\_\_\_\_ Received Compensation in Excess of \$115,000 in the preceding year.

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\_\_\_\_\_  
Print Name of Company/Employer

will apply for a Maximum Amount of Life Insurance of \_\_\_\_\_ on my life and I  
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hereby consent that the Company be the Owner and Beneficiary of any proceeds payable under said Life Insurance Policy on my life during employment or after I terminate my employment or association with said Company/Employer.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date

Acknowledgement of Signature: I witnessed the Signature of the Proposed Insured.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Employer: Retain in your records. Business owned life insurance may have tax implications. Please consult your tax advisor.

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