



## REPLACING YOUR LIFE INSURANCE POLICY?

Are you thinking about buying a new policy and discontinuing or changing an existing policy? 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 policy and the proposed policy.

Make sure you understand the facts. Georgia law gives you the right to obtain a policy summary statement from your existing insurer at anytime. Ask the company or agent that sold you your existing policy to give you information about it.

The reverse side contains a check list of some of the items you should consider in making your decision. **TAKE TIME TO READ IT.**

**Do not** let one agent or insurer prevent you from obtaining information from another agent or insurer which may be to your advantage.

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

☐ If you wish a policy summary statement from your existing insurer, or insurers, check this box.

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

The following policy(ies) may be replaced as a result of this transaction:

Insurer	Insurer's Address	Insured	Policy Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Date

Address of Applicant

City

State

I certify that this form was given to and completed by the Applicant prior to taking an application and that I am leaving a signed copy for the Applicant.

Name of Applicant (please print or type)

Signature of Applicant

Date

Address of Applicant

City

State



## ITEMS TO CONSIDER

1. If the policy coverages are basically similar, premiums for a new policy may be higher because rates increase as your age increases.
2. Cash values and dividends, if any, may grow slower under a new policy initially because of the initial costs of issuing a policy.
3. Your present insurance company may be able to make a change on terms which may be more favorable than if you replace existing insurance with new insurance.
4. If you borrow against an existing policy to pay premiums on a new policy, death benefits payable under your existing policy will be reduced by the amount of any unpaid loan, including unpaid interest.
5. Current interest rates are not guaranteed. Guaranteed interest rates are usually considerably lower than current rates. What rates are guaranteed?
6. Are premiums guaranteed or subject to change — up or down?
7. Participating policies pay dividends that may materially reduce the cost of insurance over the life of the contract. Dividends, however, are not guaranteed.
8. CAUTION, you are urged not to take action to terminate, assign, or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you.

and

REMEMBER, you have ten (10) days following receipt of any individual life insurance policy to examine its contents. If you are not satisfied with it for **any** reason, you have the right to return it to the insurer at its home or branch office or to the agent through whom it was purchased, for a full refund of premium.



## 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

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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.

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City

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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.

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\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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