



IMPORTANT NOTICE
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES
This document must be signed by the applicant and the producer,
if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the next page of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☐ No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
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1.
2.
3.



Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary, or available disclosure document must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____ .

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name	Date
--	------

Producer's Signature and Printed Name	Date
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I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they Affordable?
- Could they change?
- You're older - are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- (Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.)

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality financial stability of the new company compare with your existing company?



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):

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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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(✓)



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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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Will the existing insurer be willing to modify the old policy?

How does the quality financial stability of the new company compare with your existing company?

**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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9/2013(✓)



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