

STATE OF DELAWARE—INSURANCE DEPARTMENT

Exhibit A. Delaware Insurance Regulation 30

NOTICE TO APPLICANT REGARDING
REPLACEMENT OF LIFE INSURANCE

It is in your best interest to get all the facts before making a decision. Make sure you fully understand the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

Provide the consumer, not later than the date the policy or contract is delivered, with a concise summary of the policy or contract to be issued.

Allow a twenty-day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.

Advise the present insurance company(s) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

Amendments dated June 1, 1984 by Bulletin No. 84-5 to the third and fourth paragraphs of Exhibit A: Prior to the amendment as described in Bulletin No. 84-5, the third paragraph read: "Provide the consumer with a concise summary of the policy it proposes to issue".

Prior to the amendment as described in Bulletin No. 84-5 the fourth paragraph read:

"Allow a twenty-day period for the issue of the proposed policy during which time the consumer may surrender the new policy for a full refund."

(Form appears on the next following page)

REGULATION NO. 1204—REPLACEMENT OF LIFE INSURANCE

INFORMATION ON PRESENT POLICIES

Company Name	Policy Number	Name of Insured	Summary Requested (mark yes or no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(continue on reverse as required)

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's signature

Date

Agent's signature*

Date*

Agent's name and address (printed)*

Company Name*

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*Direct Response Insurers may Omit Items marked by Asterisk