

# LIFE INSURANCE AND ANNUITIES REPLACEMENT MEMORANDUM

## The American Home Life Insurance Company

P.O. Box 14109 Lexington, KY 40512-4109 • 833-504-0334

**EXISTING CONTRACT/POLICY**

Owner/Annuitant(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Product Type\* \_\_\_\_\_  
 Product name \_\_\_\_\_

**PROPOSED CONTRACT/POLICY**

Owner/Annuitant(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Product Type\* \_\_\_\_\_  
 Product name \_\_\_\_\_

**FOR BOTH LIFE INSURANCE AND ANNUITIES**

*(Complete all that is applicable)*

CONTRACT OR POLICY PROVISIONS	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/ POLICY
Current Proposed Premium / Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		

\*Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life insurance, Term Life Insurance and Endowment

Surrender Charge Period in Years/ Charge Percentage Per Year/ Years Remaining		
Are free withdrawals available? If yes, what percentage? List options.		
Other significant policy or contract provisions		

I have received a copy of this completed form.

**Owner / Annuitant signature**

**Date**

X

.

**Joint owner / Annuitant signature**

**Date**

X

.

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

**Producer signature**

**Date**

X

.