**Section 917.EXHIBIT B Notice Regarding Proposed Replacement of Life Insurance or Annuity**

(Name of Existing Insurer)

(Address)

(City, State, Zip Code )

(Salutation)

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 |  |  |  |
|  " " |  |  |  |
|  " " |  |  |  |
|  " " |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Insurance Producer's Signature) |  | (Closure) |