

- The Chesapeake Life Insurance Company
- The MEGA Life and Health Insurance Company
- Mid-West National Life Insurance Company of Tennessee

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PO Box 548801 Oklahoma City, OK 75154

1-800-725-7887

**IMPORTANT NOTICE REGARDING  
REPLACEMENT OF LIFE INSURANCE**

In connection with this purchase, you have indicated that you may terminate or change your existing policy. Because of this, we are required to provide this notice to you and to leave with you copies of all documents used in this sale. Please read this notice carefully and retain all documents as they may be important to you later.

Whether it is to your advantage to replace your existing insurance, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final.

To this end, we are required to notify the insurance company that issued your existing policy and to give you complete information on the proposed policy. You may want to contact the other insurance company for information and advice on your existing insurance.

You should recognize that a policy, which has been in existence for a period of time, may have advantages over a new policy. For example, under your existing policy, the time during which the issuing company could contest the policy because of a material misstatement on your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. We will provide additional information on this if you desire. On the other hand, the proposed policy may offer advantages, which are more important to you. For example, your changed needs could suggest that you should replace your existing policy with one with a greater face amount.

After we issue your policy, you will have twenty days from the date the new policy is delivered to you to cancel the policy and receive back all payments you made to us.

**CAUTION**

You are urged not to terminate your existing life insurance until after the new policy has been issued, examined and found to be acceptable to you. If you terminate your existing coverage and fail to qualify for the new life insurance, you may be unable to purchase other life insurance.

I have received and read a copy of this Replacement Notice and the agent has provided me with copies of all documents used to justify this replacement.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Agent's signature)

\_\_\_\_\_  
(Date)

ORIGINAL – HOME OFFICE

COPY – APPLICANT