



Notice to Applicant Regarding Replacement of Life Insurance

Applicant's Name (first, middle initial, and last name)		Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)
(Check one box only.) <input type="checkbox"/> Life <input type="checkbox"/> Annuity	(Check one box only.) <input type="checkbox"/> New Application <input type="checkbox"/> Existing Policy	JNL® Reference/Policy Number (if applicable)	

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both 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, 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(ies) 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.

Information on Present Policies:

Company Name	Policy No.	Name of Insured	Summary Requested? Mark Yes or No.

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 (mm/dd/yyyy)
Agent's Signature	Date (mm/dd/yyyy)
Agent's Name and Address (printed)	Company Name

Mailing Address and Contact Information			
<i>If purchased from:</i>	Non-Bank Broker/Dealer (Variable Annuity and Indexed Annuity Only)	Non-Bank Broker/Dealer or Deal Direct® Producer (Fixed Annuity, Indexed Annuity and Life Insurance)	Bank or Financial Institution (All pProducts)
<i>Regular Mail:</i>	JNL® Service Center P.O. Box 17240 Denver CO, 80217-0240	JNL Service Center P.O. Box 24068 Lansing, MI 48909-4068	IMG Service Center P.O. Box 30386 Lansing, MI 48909-7886
<i>Overnight Mail:</i>	JNL Service Center 8055 E. Tufts Ave. 2nd Floor Denver, CO 80237	JNL Service Center 1 Corporate Way Lansing, MI 48951	IMG Service Center 1 Corporate Way Lansing, MI 48951
<i>Customer Care:</i>	800/766-4683 8:00 a.m. to 8:00 p.m. ET (M-F)	800/644-4565 8:00 a.m. to 8:00 p.m. ET (M-F)	800/777-7779 8:00 a.m. to 8:00 p.m. ET (M-F)
<i>Fax:</i>	800/701-0125	Fixed Annuity (excl. Target Select): 517/706-5519 Indexed Annuity & Target Select: 517/706-5538 Life Insurance: 517/706-5542	Life Insurance: 517/706-5535 All Other: 517/706-5534
<i>E-Mail:</i>	contactus@jnli.com		

