



Notice to Applicant Regarding Replacement of Life Insurance and/or Annuities

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)	

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

 Yes

 No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

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

Applicant's Signature		Date
Agent's Signature		Date
Agent's Name (printed or typed)	Agent's Company (printed or typed)	
Agent's Address (printed or typed)		

Information on policies which may be replaced:

Company Name	Policy Number	Name of Insured

Mailing Address and Contact Information			
If purchased from:	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 products)
Regular Mail:	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
Overnight Mail:	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
Customer Care:	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)
Fax:	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
E-Mail:	contactus@jnli.com		

1ST COPY — Return to Home Office 2ND COPY — Leave With Client 3RD COPY — Agent's Copy

