

COMPARATIVE INFORMATION FORM FOR EXISTING/PROPOSED INSURANCE

Replacing Agent's Name

APPLICANT INFORMATION:

Name

Address

Telephone Number

Date of Birth

Age

POLICY INFORMATION:

Policy Generic Name

Policy Number

Date of Issue

Issue Age

Contestable Period Expires

Suicide Clause Expires

Policy Loan Interest Rate %

POLICY/RIDER DESCRIPTION:

| POLICY RIDER NAME | INITIAL/CONTINUING BENEFIT | (Age) BENEFIT | | INITIAL/RENEWAL ANNUAL PREMIUM | (Age) BENEFIT | |
|----------------------|-------------------------------|---------------|-------|-----------------------------------|---------------|-------|
| | | FROM | TO | | FROM | TO |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL INITIAL ANNUAL PREMIUM: _____

MODE OF PREMIUM: _____ AMOUNT: _____

TOTAL RENEWAL ANNUAL PREMIUM: _____

AMOUNT: _____