

**NOTICE REGARDING PROPOSED
REPLACEMENT OF LIFE INSURANCE
OR ANNUITY**

**COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE:
BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381
507 PLUM STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056
655 ENGINEERING DR 3RD FL • PO BOX 4850 • NORCROSS, GA 30091-4850**

(Name of Existing Insurer)

(Address)

(City, State, Zip Code)

Dear _____,

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 _____

Contract Number _____

Contract Number _____

Contract Number _____

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

Insurance Producer's Signature

Date