

Definition of Replacement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
 YES NO
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE, CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?
 YES NO
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?
 YES NO
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
 YES NO
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?
 YES NO
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?
 YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION Yes No

Date _____ Signature of Agent _____

Notification and Authorization to Disclose Policy Information New York Regulation 60 - Replacements

Securian Life Insurance Company
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Please print or type

Proposed insured name		Policy number (if known)	
Representative name			Firm/rep code
Firm	City	State	Zip code
Fax number	Telephone number		

1. EXISTING COMPANY INFORMATION

Company name (full name)			NAIC number
Street address	City	State	Zip code
Fax number	Telephone number		

2. EXISTING POLICY/CONTRACT INFORMATION

Policy/Contract Number	Owner Name

Please be advised that the policy owner(s) named is considering replacing the policies listed above. The policy owner authorizes the insurer proposed to be replaced to release the information needed for completing the alternate New York State Disclosure statement attached. In accordance with New York State Insurance Department Regulation No. 60, it is required that this information be furnished within twenty (20) days to:

1. The advisor named above
2. Securian Life Insurance Company (at the address shown above)
3. The agent(s) of record of the existing policy(s) and/or contract(s) shown above

This notice has been: Mailed Faxed On date: _____

3. AUTHORIZATION

AUTHORIZATION TO DISCLOSE POLICY INFORMATION

In accordance with New York State insurance Department Regulation No. 60, please furnish the information needed for completing the enclosed alternate New York State Disclosure Statement.

Please forward this information to the Agent named above and to:

Securian Life Insurance Company
Individual Life New Business
400 Robert Street North
Saint Paul, Minnesota 55101-2098

This authorization is valid until revoked by the undersigned in writing.

Policy owner name	Policy owner signature X	Date
Policy owner address	City	State Zip code