

## AG Quick Ticket Replacement Addendum

For agent use only, please upload  
the completed form with agent  
signature to AG Quick Ticket

If there will be a replacement the following fields will be required based on the states rules (not all fields are required for each state – please refer to the following page for which states require which answers).

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ..... ☐ Yes ☐ No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ..... ☐ Yes ☐ No
3. List each policy or contract the client is contemplating replacing and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Policy Number	Replaced (R) or Financing (F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Reason for Replacement: \_\_\_\_\_
5. Sales Materials used. Attach any sales materials used. (List form number and brief description or name of sales materials used. If no sales materials were used, indicate "None"): \_\_\_\_\_

6. For each policy being replaced indicate whether or not the insured would like a summary

Insurer Name	Policy Number	Summary Requested? (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Agent's Street Address \_\_\_\_\_
8. Agent City, State, Zip \_\_\_\_\_
9. Would the client wish to receive a Comparative Information Form from the proposed company and the existing insurer? ..... ☐ Yes ☐ No  
If yes complete form LD2606 and fax a copy to 800-515-5375.
10. Agent's Company \_\_\_\_\_
11. Street Address existing insurer \_\_\_\_\_
12. City, State, Zip existing insurer \_\_\_\_\_
13. Will this policy be an internal or external exchange? \_\_\_\_\_
14. Type of existing policy \_\_\_\_\_
15. Type of optional benefits on the existing policy \_\_\_\_\_
16. Type of optional benefits on the proposed policy \_\_\_\_\_
17. Can there be reduced benefits or increased premiums in later years? ..... ☐ Yes ☐ No  
If "yes" explain \_\_\_\_\_
18. Are there penalties or setup or surrender charges for the new policy? ..... ☐ Yes ☐ No  
If "yes" explain, emphasizing any extra cost for early withdrawal: \_\_\_\_\_
19. Will there be penalties or surrender charges under the existing insurance as a result of the proposed transaction? ☐ Yes ☐ No  
If "yes" explain: \_\_\_\_\_
20. Are there adverse tax consequences from the replacement under the current tax law? ..... ☐ Yes ☐ No  
If "yes" explain: \_\_\_\_\_
21. Are interest earnings a consideration in this replacement? ..... ☐ Yes ☐ No  
If "yes" explain what portions of premiums or contributions will produce limited or no earnings. As pertinent, include in your explanation the need for minimum deposits to enhance earnings and the reduction of earnings that may result from setup charges, policy fees, and other factors: \_\_\_\_\_
22. Are minimum amounts required to be on deposit before excess interest will be paid? ..... ☐ Yes ☐ No  
If "yes" explain: \_\_\_\_\_

23. If the new program is based on a variable or universal life insurance policy or a single-premium policy or annuity
- Are the interest rates quoted before or after fees and mortality charges have been deducted? \_\_\_\_\_
  - Interest rates are guaranteed for how long? \_\_\_\_\_
  - The minimum interest rate to be paid is how much? \_\_\_\_\_
  - If applicable, the rate you pay to borrow is \_\_\_\_\_, and the limit on the amount which can be borrowed is \_\_\_\_\_.
  - The surrender charges are \_\_\_\_\_.
  - The death benefit is \_\_\_\_\_.
24. Are there other short or long-term effects from the replacement that might be materially adverse? ..... ☐ Yes ☐ No  
If "yes" explain: \_\_\_\_\_
25. Would the insured like their present insurer notified regarding this transaction? ..... ☐ Yes ☐ No
26. Owner/Annuitant \_\_\_\_\_ .
27. Product Type \_\_\_\_\_ .
28. Current Proposed Premium/Annual Consideration \_\_\_\_\_ .
29. Current Contract Value \_\_\_\_\_ .
30. Current Surrender Value \_\_\_\_\_ .
31. Death Benefit Amount \_\_\_\_\_ .
32. Current Interest Rate & Guarantee Period \_\_\_\_\_ .
33. Guaranteed Minimum Accumulation/Interest Rate \_\_\_\_\_ .
34. Surrender Charge Period in Years \_\_\_\_\_ .
35. Charge Percentage Per Year \_\_\_\_\_ .
36. Years Remaining \_\_\_\_\_ .
37. Are free withdrawals available? ..... ☐ Yes ☐ No  
If yes, what percentage? \_\_\_\_\_ List Options \_\_\_\_\_
38. Other significant policy or contract provisions \_\_\_\_\_
39. Insurer Name \_\_\_\_\_ .
40. Surrender Charge of policy being replaced % \_\_\_\_\_ and \$ \_\_\_\_\_ .
41. Sales charge of policy being replaced (if applicable) \$ \_\_\_\_\_ .

#### REPLACEMENT ADDENDUM RULES

STATE	REQUIRED FIELDS
AL, AK, AR, AZ, CO, HI, IA, KY, LA, ME, MD, MO, MS, MT, NE, NH, NJ, NM, OH, OR, RI, SC, TX, UT, VA, VT, WV, WI	1, 2, 3, 4, 5
NC	1, 2, 3, 4
CA, DC, ID, MA, ND, NV, PA, TN	No additional requirements
DE	6, 7, 8 (for external replacements)
FL	7, 8, 9, 10
GA	6, 7, 8
IL	11, 12, 13
IN	7, 8, 14, 15, 16
KS	13
MI	7, 8 (for external replacements)
MN	7, 8 (for external replacements)
KS	7, 8 (for external replacements)
WA	7, 8, 17, 18, 19, 20, 21, 22, 23, 24
OK	25
AR	6, 14, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38
WY	6, 11, 12, 39, 40, 41