Date: [Insert Date]

To: [Client Name]
Address: [Client Address]
Policy Number (Existing): [Existing Policy Number]
Proposed Carrier: [New Insurance Company Name]

Subject: Client Acknowledgment of Life Insurance Replacement

Dear [Client Name],

I am writing to formally acknowledge your decision to replace your existing life insurance policy with a new policy provided by [New Insurance Company Name].

By signing this document, you acknowledge and confirm the following:

- I have been informed of the advantages and disadvantages of replacing my current coverage.
- I understand that a new "contestability period" and "suicide clause" period may begin with the new policy.
- I am aware that the premium, death benefit, or cash value may differ from my existing policy.
- I understand that I may be required to provide new evidence of insurability (medical exams).
- I have received and reviewed the "Notice Regarding Replacement" as required by state regulations.

It is my professional recommendation that you do not cancel your existing coverage until you have received the new policy and are satisfied with its terms.

Client Confirmation:

I have read the information above and wish to proceed with the replacement of my life insurance policy.

_____
Client Signature

_____
Date signed

Agent Statement:

I certify that I have reviewed the replacement consequences with the client and have provided all required disclosure documentation.

_____

Agent Signature

_____

Agent Name / License Number