Agent Statement of Life Insurance Replacement Compliance Letter

Date: [Date]

To: [Insurance Company Name]
Compliance Department
[Company Address]
[City, State, Zip Code]

Re: Replacement Disclosure Statement

Applicant Name: [Applicant Full Name]
Application/Policy Number: [Policy Number, if known]
Replacing Policy Type: [Term/Whole Life/Universal Life]

To Whom It May Concern,

In connection with the above-referenced application, I, [Agent Name], hereby provide this statement of compliance regarding the replacement of existing life insurance or annuity contracts.

1. Identification of Policies:
I have determined that the applicant (check one):
[ ] Does have existing life insurance or annuity contracts.
[ ] Does not have existing life insurance or annuity contracts.

2. Notification of Replacement:
I certify that a replacement (check one):
[ ] Is involved in this transaction.
[ ] Is NOT involved in this transaction.

3. Compliance Procedures:
If a replacement is involved, I confirm that:

- I have provided the applicant with the "Notice Regarding Replacement" as required by state regulation.
- I have read the notice aloud to the applicant or the applicant has acknowledged having read the notice.
- A signed copy of the replacement notice was left with the applicant.
- A list of all existing policies to be replaced has been documented below.

4. List of Existing Policies to be Replaced:

Insurer Name	Policy Number	Insured Name
[Company Name]	[Policy #]	[Name]

5. Reason for Replacement:
The primary reason for replacing the existing coverage is: [State reason, e.g., Lower premium, higher death benefit, improved features].

Agent Certification:
I certify that the information provided above is true and accurate to the best of my knowledge and that I have followed all state-mandated replacement procedures and company compliance guidelines.

Agent Signature: _____

Agent Name: [Agent Full Name]
Agent License Number: [License Number]
Phone Number: [Agent Phone Number]