PRODUCER COMPLIANCE CERTIFICATION OF REPLACEMENT

Date: [Date]

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

Subject: Certification of Compliance regarding Policy Replacement

Applicant Name: [Applicant Name]
Application/Policy Number: [Policy Number (if known)]
Existing Insurer: [Name of Current Insurance Company]

I, [Producer Name], hereby certify that in connection with the above-referenced application for insurance, I have complied with all state regulatory requirements and company policies regarding the replacement of life insurance or annuities.

I further certify that:

- I have provided the applicant with the "Notice Regarding Replacement" as required by law.
- I have read the notice aloud to the applicant or the applicant has acknowledged its receipt in writing.
- The applicant [has / has not] indicated that there is an existing policy or contract to be replaced.
- I have submitted copies of all sales proposals and marketing materials used during the presentation to the home office.

I verify that the information provided to the applicant regarding the advantages and disadvantages of the replacement was accurate and complete to the best of my knowledge.

Producer Signature: _____

Producer Name (Printed): [Producer Name]
Producer License Number: [License Number]
Agency Name: [Agency Name]