Date: [Date]

To: [Existing Insurer Name]
Address: [Existing Insurer Address]
City, State, Zip: [City, State, Zip]

Subject: Notice Regarding Proposed Replacement of Life Insurance or Annuity

Policyholder Name: [Policyholder Full Name]

Policy Number: [Existing Policy Number]

Dear Replacement Department,

Pursuant to the insurance regulations of the State of [State Name], this letter serves as formal notification that the above-referenced policyholder intends to replace their existing life insurance coverage or annuity contract with a new policy issued by [New Insurance Company Name].

In accordance with state compliance requirements, we have enclosed the following documents (as applicable):

- Signed "Notice Regarding Replacement" (Form [Form Number])
- Sales Illustration or Policy Summary
- Comparative Information Form

As required by [State Regulation Number/Statute], you are hereby notified to provide the policyholder with any necessary conservation materials or updated policy values within the mandated timeframe of [Number] days.

If you require further information regarding this replacement, please contact the undersigned agent or our compliance department.

Sincerely,

[Agent Signature]
[Agent Name]
[Agent License Number]
[Agency Name]
[Phone Number]

cc: [Policyholder Name]
Enclosures: [List Enclosures]