

PREMIER SERIES Deferred Annuity

Completing the **“IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE POLICY OR ANNUITY FORM 1351”**

INSTRUCTIONS FOR **EASY COMPLETION**

FIRST:

This FORM needs to be completed as on your Annuity Application question **No. 9 Replacement** you answered **YES** to question 2 (**will this policy replace existing life insurance or annuities**).

SECOND:

As you read down page 1 a little over half way down are two questions. Answer questions 1. and 2. with a check mark or X on the Yes or No lines.

If the answer to both questions is No., it is not necessary to complete the remaining pages of this form. The Applicant should sign on the “Applicant’s Signature line”, print their name, date, and remit this form to American Savings Life Insurance Company in the enclosed postage paid envelope.

THIRD: Applicant

- a) If the answer to either of questions 1. or 2. above is YES, then list each existing policy or contract that you are contemplating replacing, including how you are using the existing policy in the replacement process (Replaced (R) or Financed (F)).
- b) Please explain the specific reason for replacing your existing Policy or Contract as requested at the top of page 2 of this form.
- c) **You SHOULD NOT take action to terminate, assign or alter your existing Life Insurance coverage or Contract until you have been issued the new Policy or Contract, examined it and have found it to be acceptable to you.**
- d) Please read and review the information and facts below regarding replacement on pages 2 and 3 of this form.
- e) After reviewing the information and facts, and have determined that the replacement is suitable for you and in your best interests, please sign on both lines on page 3, print your name, and fill in the current date. **(The Replacement Form is now complete).**
- f) Return all three pages of the completed Replacement form along with the other completed forms in the application process, and mail to American Savings Life Insurance Company.

NOTE: IF AT ANY TIME DURING THE COMPLETION OF THIS FORM YOU HAVE A QUESTION, Please call us at 480-835-5000 if local or if you are out of our local area 800-880-2112 and someone will answer your question(s) and assist you in completing the Replacement Form.