



OFFICE OF INSURANCE REGULATION
Life & Health Product Review

EXHIBIT B
COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE

(Proposed Insurer)

(Insurer's Address)

(Replacing Agent's Name)

Applicant Information

Policy Information

Name _____

Policy Generic Name _____

Address _____

Policy Number _____

Date of Issue ____ Issue Age ____

Telephone (____) _____ - _____

Contestable Period Expires _____

Date of Birth ____ Age ____

Suicide Period Expires _____

Policy Loan Rate _____

Policy / Rider Description

<u>Policy</u> <u>Rider Name</u>	<u>Initial/</u> <u>Continuing</u> <u>Benefit</u>	<u>(Age) Benefit</u> <u>From To</u>	<u>Initial/</u> <u>Renewable Annual</u> <u>Premium</u>	<u>(Age) Payable</u> <u>From To</u>
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Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

Exhibit B - (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

EXHIBIT B (continued)
COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE

 (Existing Insurer)

 (Insurer's Address)

Applicant Information

Policy Information

Name _____

Policy Generic Name _____

Address _____

Policy Number _____

Date of Issue _____ Issue Age _____

Telephone (_____) _____ - _____

Contestable Period Expires _____

Date of Birth _____ Age _____

Suicide Period Expires _____

Policy Loan Rate _____

Policy / Rider Description

<u>Policy</u> <u>Rider Name</u>	<u>Initial/</u> <u>Continuing</u> <u>Benefit</u>	<u>(Age) Benefit</u> <u>From</u> <u>To</u>	<u>Initial/</u> <u>Renewable Annual</u> <u>Premium</u>	<u>(Age) Payable</u> <u>From</u> <u>To</u>
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Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

Exhibit B - (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
Current								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.