

American Underwriters Life

Notice of Replacement of Annuities

American Underwriters Life Insurance Company
 Individual Annuities 316-794-2200 Tel 316-794-8470 Fax
 PO Box 9510, Wichita, Kansas 67277-0510

1 Important Notice: Replacement of Annuities

(This notice must be signed by the applicant(s) and agent, with the original sent to AUL and a copy left with the applicant(s).)

You have been offered a new annuity contract to replace all or part of your existing annuity contract.

Before you replace your existing annuity contract you should consider the financial gains or losses of replacement.

You may incur additional costs to acquire the new annuity contract.

To make an informed decision about the replacement of your existing annuity contract, you should discuss the provisions of that contract with the producer of insurance or the insurance company that issued it to determine whether your existing annuity contract may be revised to meet your present need.

Your new annuity contract provides at least 10 days for you to decide if you wish to keep it.

The producer of insurance or the insurance company that is offering to replace your existing annuity contract is required to obtain your signature on this notice and to notify your existing insurance company that you are considering the replacement of your existing annuity contract.

2. Deferred Annuity Comparison for the State of Nevada

	Existing Annuity	Proposed Annuity
Carrier Name and Address		American Underwriters Life Insurance Co. PO Box 9510 Wichita, Kansas 67277-0510
Owner Name		
Annuitant Name		
Contract Number		Not Applicable
Current Crediting Interest Rate		
Length of Guarantee on Current Crediting Interest Rate		
Premium Bonus		N/A
Interest Rate Bonus	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ vested time period remaining	N/A
Annuity Fund Value/Initial Premium	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ amount _____ time period remaining	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ amount _____ time period
Applicable Surrender Changes		
Surrender Charge Remaining/New		
Cash Surrender Value		
Death Benefit Value		
Riders		
Premium Tax Implications		

3. Acknowledgement

I (We) have read this notice and received a copy of it for my (our) records. I (We) have also received a copy of the written Comparison of the proposed annuity contract and my existing annuity contract.

PROSPECTIVE BUYER SIGNATURE

DATE

PROSPECTIVE BUYER SIGNATURE

DATE

4. Agent

AGENT NAME

AGENT SIGNATURE

DATE