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# NIGO

## TOP 10 REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER

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**A user handbook for agents who want  
to simplify the application process**



# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER

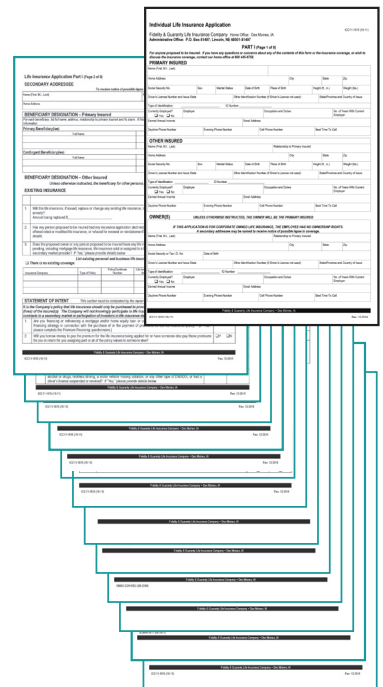
Recent results show that 39% of all FGL life insurance applications lack critical information. We call these applications “Not in Good Order” or NIGO. NIGO applications typically take up to 14 business days longer to process than “In Good Order” applications. We’ve highlighted the top 10 NIGO trouble spots. Please use this guide to avoid common mistakes. We hope this helps!

## THE TOP 10 NIGO REASONS ▼

- 1 **Illustration or Statement in Lieu not submitted with application OR left unsigned**  
FORM ADMIN5208
- 2 **Incorrect or missing existing insurance information**  
From Page 2 of Application
- 3 **Missing replacement forms**  
FORM (ADMIN5507)
- 4 **Incorrect or missing payment information**  
From Page 1 of Application and the PAC Form, PAGE 13
- 5 **Incorrect or missing identification information**  
From Page 1 of Application
- 6 **Death benefit option not indicated**  
From Page 3 of Application
- 7 **Missing height and weight**  
From Page 1 of Application
- 8 **Allocation percentages do not equal 100%**  
From Page 3 of Application
- 9 **Incorrect payor information**  
From the PAC Form, PAGE 13
- 10 **Incorrect or missing answers for replacement questions**  
From Page 2 of Application

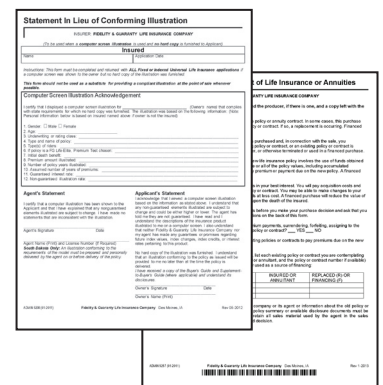
## APPLICATION PAGES ▼

### Required Forms



PAGES 1-12

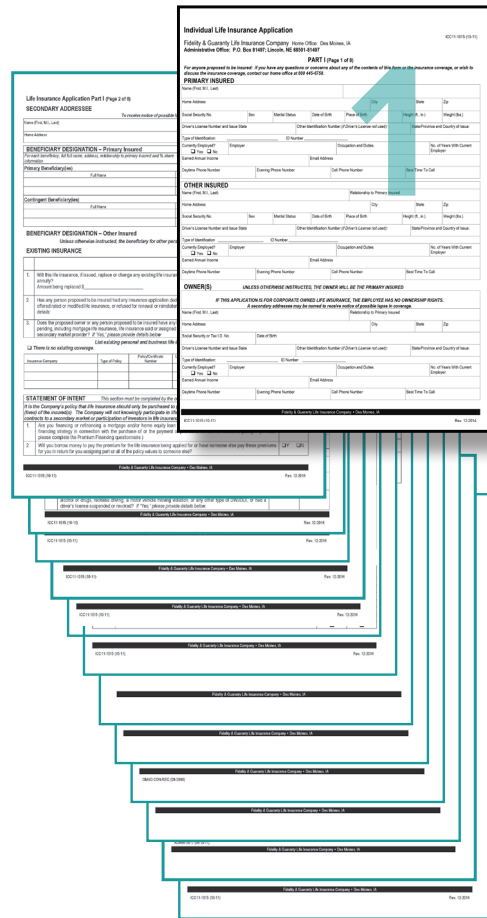
### Supplemental Forms



# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER (NIGO)

PAGE 1 OF APPLICATION

## Required Forms



PAGES 1-12



## Complete All ID Questions

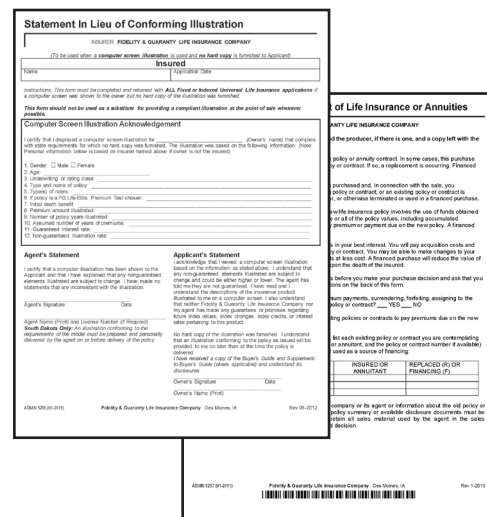
You are required to physically inspect a copy of a federal government issued identification for the insured and owner of the Fidelity & Guaranty Life policy. Examples of an acceptable ID include driver's licenses, passports, etc. We also require you to record the type and ID number in the appropriate insured/owner information on page 1 of the application.



## Include Client Height and Weight

Your client may be required to have a paramedical exam as part of the application process. However, regardless of the need, you must record the proposed insured's height and weight on the application in the insured information section on page 1 of the application.

## Supplemental Forms



### Individual Life Insurance Application

ICC11-1015 (10-11)

Fidelity & Guaranty Life Insurance Company Home Office: Des Moines, IA  
Administrative Office: P.O. Box 81497; Lincoln, NE 68501-81497

**PART I (Page 1 of 8)**

*For anyone proposed to be insured: if you have any questions or concerns about any of the contents of this form or the insurance coverage, or wish to discuss the insurance coverage, contact our home office at 800 445-6758.*

**PRIMARY INSURED**

Name (First, M.I., Last)				City	State	Zip
Home Address				City	State	Zip
Social Security No.	Sex	Marital Status	Date of Birth	Place of Birth	Height (ft., in.)	Weight (lbs.)
Driver's License Number and Issue State		Other Identification Number (if Driver's License not used):		State/Province and Country of Issue:		
Type of Identification:		ID Number				
Currently Employed?	Employer	Occupation and Duties	No. of Years With Current Employer			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Earned Annual Income			Email Address			
Daytime Phone Number		Evening Phone Number	Cell Phone Number	Best Time To Call		

**OTHER INSURED**

Name (First, M.I., Last)				Relationship to Primary Insured		
Home Address				City	State	Zip
Social Security No.	Sex	Marital Status	Date of Birth	Place of Birth	Height (ft., in.)	Weight (lbs.)
Driver's License Number and Issue State		Other Identification Number (if Driver's License not used):		State/Province and Country of Issue:		
Type of Identification:		ID Number				
Currently Employed?	Employer	Occupation and Duties	No. of Years With Current Employer			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Earned Annual Income			Email Address			
Daytime Phone Number		Evening Phone Number	Cell Phone Number	Best Time To Call		

**OWNER(S)** *UNLESS OTHERWISE INSTRUCTED, THE OWNER WILL BE THE PRIMARY INSURED*

**IF THIS APPLICATION IS FOR CORPORATE OWNED LIFE INSURANCE, THE EMPLOYEE HAS NO OWNERSHIP RIGHTS.**  
*A secondary addressee may be named to receive notice of possible lapse in coverage.*

Name (First, M.I., Last)				Relationship to Primary Insured		
Home Address				City	State	Zip
Social Security or Tax I.D. No.		Date of Birth				
Driver's License Number and Issue State		Other Identification Number (if Driver's License not used):		State/Province and Country of Issue:		
Type of Identification:		ID Number				
Currently Employed?	Employer	Occupation and Duties	No. of Years With Current Employer			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Earned Annual Income			Email Address			
Daytime Phone Number		Evening Phone Number	Cell Phone Number	Best Time To Call		

Fidelity & Guaranty Life Insurance Company • Des Moines, IA

ICC11-1015 (10-11) Rev. 12-2014



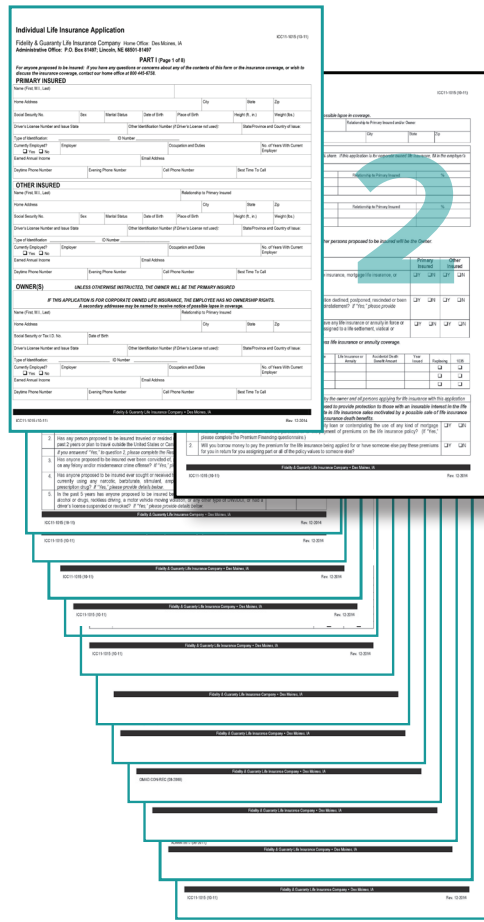
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15-427



# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER (NIGO)

## Required Forms



PAGES 1-12



## List All Existing Inforce Policies

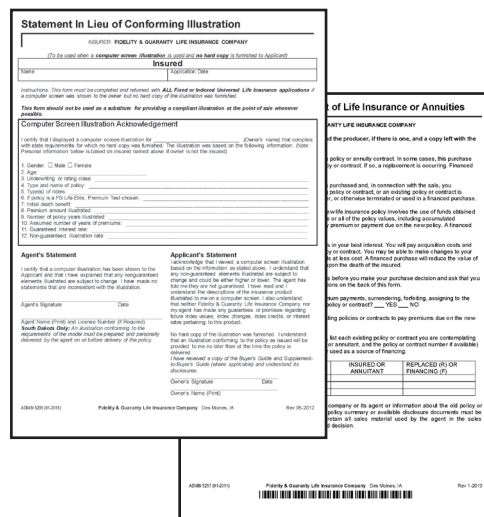
If the insured is covered under an existing life insurance or annuity policy, all policies must be listed on page 2 of the application. You must also remember to indicate whether the Fidelity & Guaranty Life policy will replace the coverage.



## Explain Replacement Status

If your client has no existing coverage, you must still answer the replacement questions. Answers to these questions must match answers given on page 8 under the "Agent Certification" section.

## Supplemental Forms



## PAGE 2 OF APPLICATION

Life Insurance Application Part I (Page 2 of 8)

ICC11-1015 (10-11)

### SECONDARY ADDRESSEE

To receive notice of possible lapse in coverage.

Name (First, M.I., Last)		Relationship to Primary Insured and/or Owner		
Home Address		City	State	Zip

### BENEFICIARY DESIGNATION – Primary Insured

For each beneficiary, list full name, address, relationship to primary insured and % share. If this application is for corporate owned life insurance, fill in the employer's information.

Primary Beneficiary(ies)		
Full Name	Relationship to Primary Insured	%
Contingent Beneficiary(ies)		
Full Name	Relationship to Primary Insured	%

### BENEFICIARY DESIGNATION – Other Insured

Unless otherwise instructed, the beneficiary for other persons proposed to be insured will be the Owner.

### EXISTING INSURANCE

	Primary Insured	Other Insured
1. Will this life insurance, if issued, replace or change any existing life insurance, mortgage life insurance, or annuity? Amount being replaced \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Has any person proposed to be insured had any insurance application declined, postponed, rescinded or been offered rated or modified life insurance, or refused for renewal or reinstatement? If "Yes," please provide details:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Does the proposed owner or any person proposed to be insured have any life insurance or annuity in force or pending, including mortgage life insurance, life insurance sold or assigned to a life settlement, viatical or secondary market provider? If "Yes," please provide details below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

List existing personal and business life insurance or annuity coverage.

There is no existing coverage.

Insurance Company	Type of Policy	Policy/Certificate Number	Life Insurance or Annuity	Accidental Death Benefit Amount	Year Issued	Replacing	1035
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

### STATEMENT OF INTENT

This section must be completed by the owner and all persons applying for life insurance with this application.

It is the Company's policy that life insurance should only be purchased to provide protection to those with an insurable interest in the life (lives) of the insured(s). The Company will not knowingly participate in life insurance sales motivated by a possible sale of life insurance contracts to a secondary market or participation of investors in life insurance death benefits.

1. Are you financing or refinancing a mortgage and/or home equity loan or contemplating the use of any kind of mortgage financing strategy in connection with the purchase of or the payment of premiums on the life insurance policy? (If "Yes," please complete the Premium Financing questionnaire.)	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Will you borrow money to pay the premium for the life insurance being applied for or have someone else pay these premiums for you in return for you assigning part or all of the policy values to someone else?	<input type="checkbox"/> Y <input type="checkbox"/> N

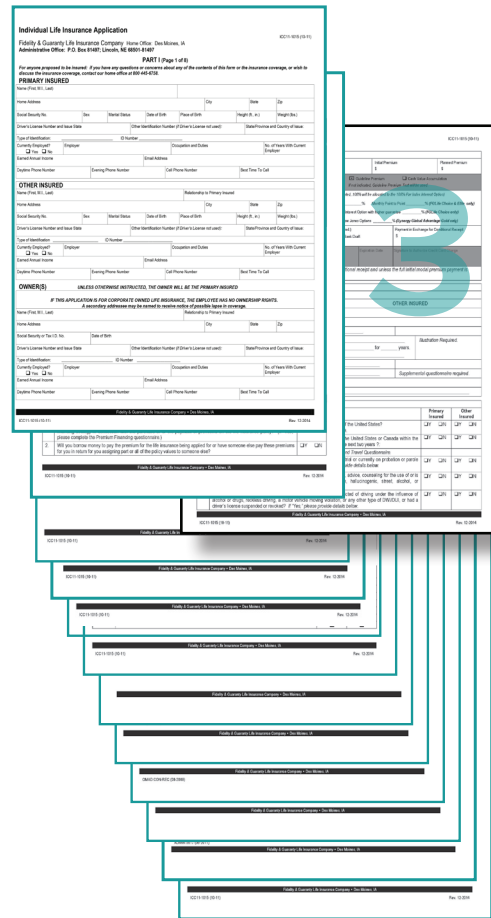
Fidelity & Guaranty Life Insurance Company • Des Moines, IA

ICC11-1015 (10-11)

Rev. 12-2014

# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER (NIGO)

## Required Forms



PAGES 1-12



## Mark Death Benefit Option

Directly below the product name field on page 3 of the application, you must check the death benefit option your client wants. This information must match the illustration.



## Allocate 100% of Funds

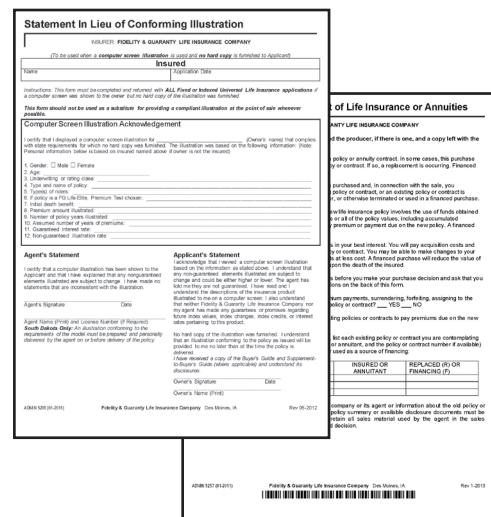
Please remember that interest crediting options may vary by product. Be sure that the options listed on the application are available for the product selected. Also percentages requested must equal 100%.



## Pick Premium Payment Method

Select one of the available planned premium modes, including annual, semi-annual, quarterly or monthly. If your client wishes to pay monthly, you must submit a completed copy of the Pre-Authorized Check (PAC) form on page 12. See the next section of our tips.

## Supplemental Forms



## PAGE 3 OF APPLICATION

Life Insurance Application Part I (Page 3 of 8) ICC11-1015 (10-11)

**LIFE INSURANCE INFORMATION**

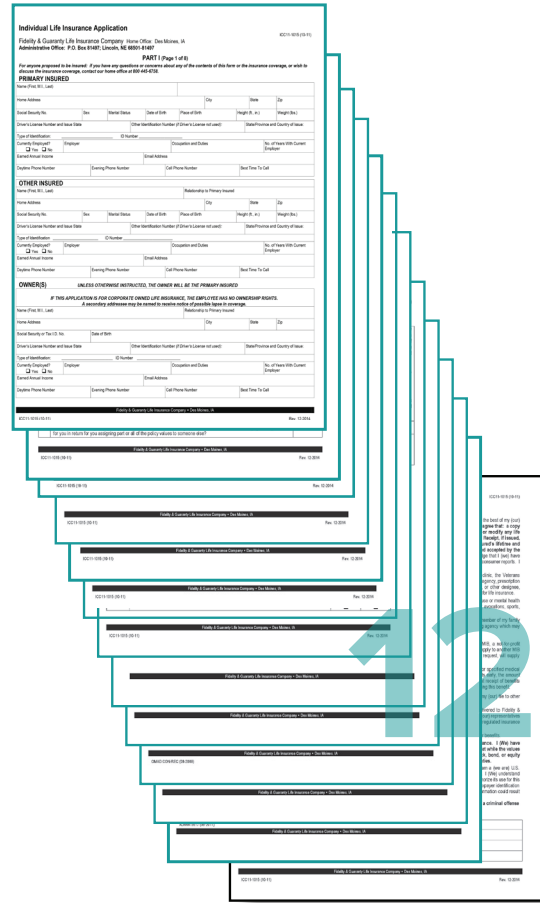
Product Name	Amount of Insurance \$	Initial Premium \$	Planned Premium \$
UNIVERSAL LIFE: Death Benefit Option: <input type="checkbox"/> Option A-Level <input type="checkbox"/> Option B-Increasing		Life Insurance Qualification Test: <input checked="" type="checkbox"/> Guideline Premium <input type="checkbox"/> Cash Value Accumulation <i>If not indicated, Guideline Premium Test will be used.</i>	
<input type="checkbox"/> Nontobacco <input type="checkbox"/> Tobacco or Fixed Indexed Products Only: Initial Allocation Percentage (if not completed, 100% will be allocated to the 100% Par Index Interest Option) 40% Par Index Interest Option _____ % Fixed Interest Option _____ % Monthly Point to Point _____ % (FGLife Choice & Elite only) 100% Par Index Interest Option _____ % 100% Par Index Interest Option with higher guarantee _____ % (FGLife Choice only) Gold Option _____ % (Synergy Global Advantage Gold only) Dow Jones Options _____ % (Synergy Global Advantage Gold only)			
Payment Mode: (For bank draft, complete Bank Draft Plan Authorization, and initial payment required.) <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft <input type="checkbox"/> Bi-Weekly Bank Draft <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Other _____			Payment in Exchange for Conditional Receipt \$
Credit Card (See Illustration Page for Current Account Number) Company Practice) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <b>No Longer Offered</b>		Expiration Date	Signature to Authorize Credit Card Charge
No coverage will be effective except in accordance with the terms of the conditional receipt and unless the full initial modal premium payment is submitted with the application.			
<b>ADDITIONAL BENEFITS</b>			
Subject to availability. Certain restrictions may apply.			
PRIMARY INSURED		OTHER INSURED	
<input type="checkbox"/> Accelerated Benefit Rider: Critical Illness			
<input type="checkbox"/> Accelerated Benefit Rider: Terminal Illness			
<input type="checkbox"/> Accidental Death Benefit Rider	Amount: \$ _____		
<input type="checkbox"/> Ultimate Income Option Rider	Initial Lump Sum: \$ _____ Monthly Income of: \$ _____ for _____ years. Final Lump Sum: \$ _____	Illustration Required.	
<input type="checkbox"/> Other Insured Rider	Amount: \$ _____		
<input type="checkbox"/> Child Rider	Amount: \$ _____	Supplemental questionnaire required.	
<input type="checkbox"/> (UL Only) Waiver of Monthly Deduction Rider			
<input type="checkbox"/> Other: _____			
<b>PERSONAL HISTORY QUESTIONS</b>			
		Primary Insured	Other Insured
1.	Is any person proposed to be insured a citizen or permanent resident of the United States? <i>If "No," please complete W8ben form and the Citizenship Questionnaire.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Has any person proposed to be insured traveled or resided outside the United States or Canada within the past 2 years or plan to travel outside the United States or Canada in the next two years? <i>If you answered "Yes," to question 2, please complete the Residence and Travel Questionnaire.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	Has anyone proposed to be insured ever been convicted of, pending trial or currently on probation or parole on any felony and/or misdemeanor crime offense? <i>If "Yes," please provide details below.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Has anyone proposed to be insured ever sought or received treatment, advice, counseling for the use of or is currently using any narcotic, barbiturate, stimulant, amphetamine, hallucinogenic, street, alcohol, or prescription drug? <i>If "Yes," please provide details below.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	In the past 5 years has anyone proposed to be insured been convicted of driving under the influence of alcohol or drugs, reckless driving, a motor vehicle moving violation, or any other type of DWI/DUI, or had a driver's license suspended or revoked? <i>If "Yes," please provide details below.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Fidelity & Guaranty Life Insurance Company • Des Moines, IA			
ICC11-1015 (10-11)		Rev. 12-2014	



# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER (NIGO)

PAGE 12 OF APPLICATION

## Required Forms



PAGES 1-12



## Include Account & Routing Number

If your client wishes to pay monthly, you must submit a completed copy of the Pre-Authorized Check (PAC) form. Check the account type just above the account information section. You may also submit a copy of a voided check with the application to ensure legibility.

Bank account drafts are only allowed for the monthly payment modes. If your client elects any other mode, do not submit the PAC form.

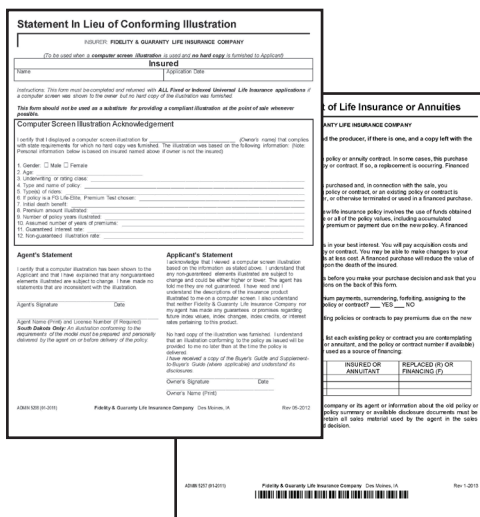


## Record All Payor Information

Payor information must be submitted with the application, if monthly payments are to be made on the Fidelity & Guaranty Life policy. Always include the payor's relationship to the insured.

If the owner is also the Payor, you must still complete this section and write "Self" as the payor's relationship.

## Supplemental Forms



## Pre-Authorized Check (PAC) Authorization Form

Please Check Appropriate Box(es):

New Applications Only	
<input type="checkbox"/>	This form is being submitted with a new business application to set up monthly bank drafts <ul style="list-style-type: none"> <li><input type="checkbox"/> By checking this box, I authorize Fidelity &amp; Guaranty Life Insurance Company to draft any premium due upon approval of my application.</li> <li><input type="checkbox"/> I am requesting that my draft date and policy effective date be set up for: _____                     <ul style="list-style-type: none"> <li>Valid draft dates are the 1<sup>st</sup> through 14<sup>th</sup> or 16<sup>th</sup> through 28<sup>th</sup>.</li> <li>If no draft date is elected, the draft date will be the same as the policy effective date.</li> <li>If a draft date is elected, the policy effective date will be the same as the requested draft date.</li> </ul> </li> </ul>
To Change Banking Information For An Existing Policy	
<input type="checkbox"/>	This form is being submitted to change banking information on my existing policy (complete information below)
Policy Number: _____	Insured's Name: _____ Owner (if different): _____
Policy Number: _____	Insured's Name: _____ Owner (if different): _____
<input type="checkbox"/>	This form is being submitted to change the Payor of the above mentioned policy. (Owner and new Payor must sign below)

**Important:** If the Payor of the policy is a business or corporation, please include a signed and dated letter on company letterhead stating that the person signing as Payor below has authorization to sign on behalf of the business or corporation. Please provide banking information below.

**Routing and Account numbers MUST be taken from a check and not a deposit slip.**

Financial Institution	
Name of Financial Institution	
Type of Account <input type="radio"/> Checking <input type="radio"/> Savings	
Routing Number	Account Number

I authorize the payment of debits drawn on my account payable Fidelity & Guaranty Life Insurance Company, provided there are sufficient funds in said account. I agree that if any debit be dishonored, Fidelity & Guaranty Life Insurance Company has the right to debit my account the following month for the dishonored debit as well as the scheduled debit for that month. I further agree that if any debit be dishonored, Fidelity & Guaranty Life Insurance Company shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. The authority shall remain in effect until revoked by me in writing and until Fidelity & Guaranty Life Insurance Company actually receives such notice of revocation.

Payor/Account Holder (Print as it appears on Bank Records)	Signature	Date
Payor's Relationship to Insured: _____		
Policy Owner (Print)	Signature	Date
Fidelity & Guaranty Life Insurance Company Service Center 777 Research Drive Lincoln, NE 68521 (888) 513-8797		
ADMIN 5617 (06-2011)		
Fidelity & Guaranty Life Insurance Company • Des Moines, IA		

Completed form may be sent via facsimile  
Attention Policyholder Services  
(800) 281-5777



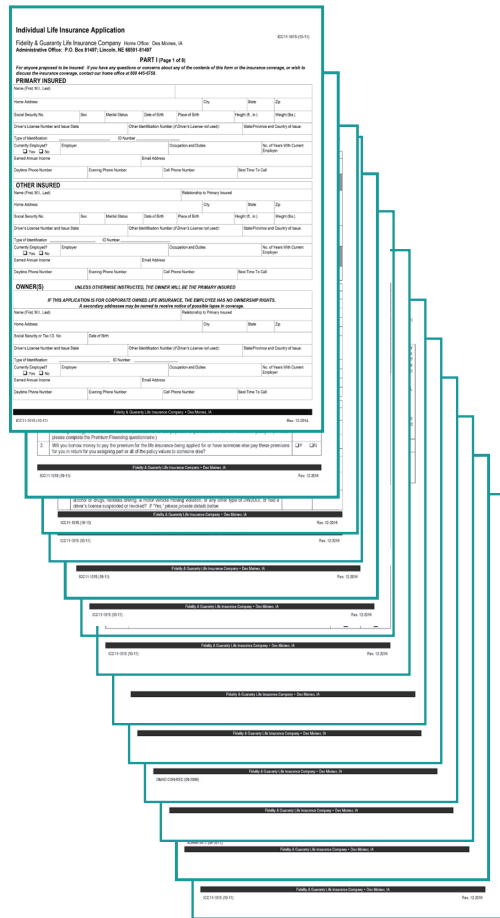
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# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER (NIGO)

## STATEMENT IN LIEU

### Required Forms



PAGES 1-12



### Submit if Illustration is Not Included

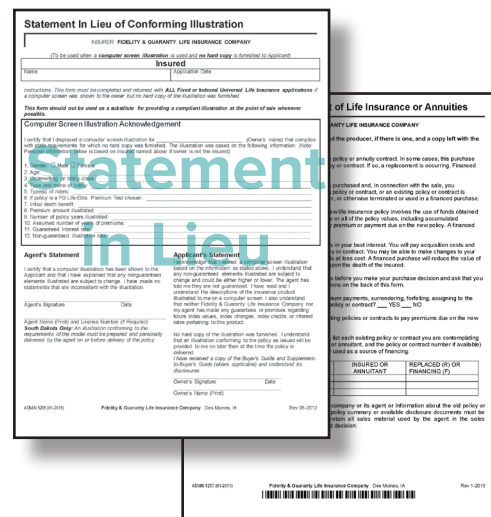
If submitting an illustration, the illustration must be signed by the **Owner** and **Agent** and all pages must be submitted with the application. If not, you must complete this form.



### Both Agent and Applicant Must Sign

If using this form, refer to the sample Statement in Lieu to learn how to complete the form. Please note that the information on the Statement in Lieu must match the information on the application and must also be signed by the **Owner** and **Agent**.

### Supplemental Forms



### Statement In Lieu of Conforming Illustration

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

(To be used when a **computer screen illustration** is used and **no hard copy** is furnished to Applicant)

Insured	
Name	Application Date

Instructions: This form must be completed and returned with **ALL Fixed or Indexed Universal Life Insurance applications** if a computer screen was shown to the owner but no hard copy of the illustration was furnished.

**This form should not be used as a substitute for providing a compliant illustration at the point of sale whenever possible.**

#### Computer Screen Illustration Acknowledgement

I certify that I displayed a computer screen illustration for \_\_\_\_\_ (Owner's name) that complies with state requirements for which no hard copy was furnished. The illustration was based on the following information: (Note: Personal information below is based on insured named above if owner is not the insured)

- Gender:  Male  Female
- Age: \_\_\_\_\_
- Underwriting or rating class: \_\_\_\_\_
- Type and name of policy: \_\_\_\_\_
- Type(s) of riders: \_\_\_\_\_
- If policy is a FG Life-Elite, Premium Test chosen: \_\_\_\_\_
- Initial death benefit: \_\_\_\_\_
- Premium amount illustrated: \_\_\_\_\_
- Number of policy years illustrated: \_\_\_\_\_
- Assumed number of years of premiums: \_\_\_\_\_
- Guaranteed interest rate: \_\_\_\_\_
- Non-guaranteed illustration rate: \_\_\_\_\_

#### Agent's Statement

I certify that a computer illustration has been shown to the Applicant and that I have explained that any nonguaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name (Print) and License Number (If Required)  
**South Dakota Only:** An illustration conforming to the requirements of the model must be prepared and personally delivered by the agent on or before delivery of the policy.

#### Applicant's Statement

I acknowledge that I viewed a computer screen illustration based on the information as stated above. I understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I have read and I understand the descriptions of the insurance product illustrated to me on a computer screen. I also understand that neither Fidelity & Guaranty Life Insurance Company nor my agent has made any guarantees or promises regarding future index values, index changes, index credits, or interest rates pertaining to this product.

No hard copy of the illustration was furnished. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time the policy is delivered.

I have received a copy of the Buyer's Guide and Supplement-to-Buyer's Guide (where applicable) and understand its disclosures.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (Print) \_\_\_\_\_

ADMIN 5208 (01-2011)

Fidelity & Guaranty Life Insurance Company Des Moines, IA

Rev 05-2012



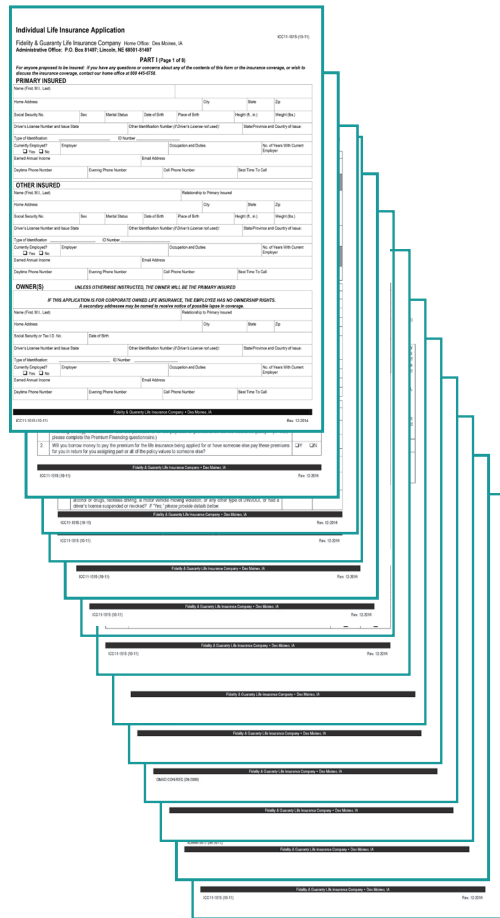
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# TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER (NIGO)

## Required Forms



PAGES 1-12



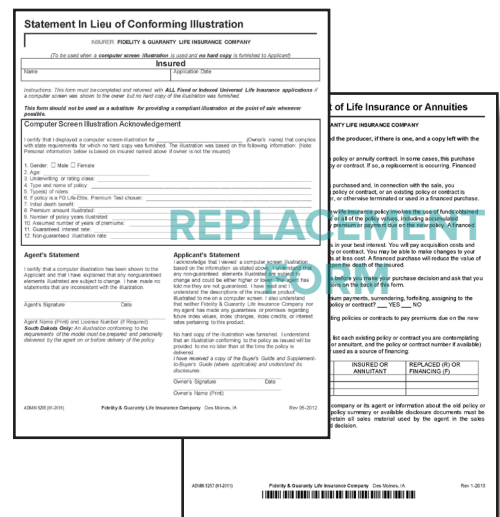
## Include Replacement Form, If Required

Replacement notices are required when existing coverage is being replaced by a Fidelity & Guaranty Life policy. Some states require that a replacement notice be submitted if the insured is covered under an existing policy. Even if the Fidelity & Guaranty Life policy does NOT replace that coverage.

Refer to **ADMIN 5507** for state specific requirements and form numbers:

State	Annuitant Replacements	Life Replacements	Notice Required when Existing Life or Annuity Policies are Indicated	Form Number(s)
AL	yes	yes	yes	ADMIN5257
AK	yes	yes	yes	ADMIN5486
AZ	yes	yes	yes	ADMIN5478
AR	yes	yes	no	ADMIN5257, ADMIN5652
CA	yes	yes	--	ADMIN5556
CO	yes	yes	yes	ADMIN5257
CT	yes	yes	yes	ADMIN5257
DE	yes	yes	--	ADMIN5535
DC	--	--	--	--
FL	yes	yes	--	ADMIN5525/ADMIN5526, ADMIN5598
GA	--	yes	--	ADMIN5521
HI	yes	yes	yes	ADMIN5257
ID	yes	yes	--	ADMIN5531
IL	yes	yes	--	ADMIN5577/ADMIN5538
IN	yes	yes	--	ADMIN5527
IA	yes	yes	yes	ADMIN5257
KS	yes	yes	--	ADMIN5681
KY	yes	yes	yes	ADMIN5257
LA	yes	yes	yes	ADMIN5257
ME	yes	yes	yes	ADMIN5257
MD	yes	yes	yes	ADMIN5257
MA	yes	yes	--	ADMIN5668
MI	--	yes	--	ADMIN5536
MN	yes	yes	--	ADMIN5574
MS	yes	yes	yes	ADMIN5257
MO	yes	yes	--	ADMIN5534
MT	yes	yes	yes	ADMIN5257
NE	yes	yes	yes	ADMIN5257
NV	yes	yes	--	ADMIN5489
NH	yes	yes	yes	ADMIN5257
NJ	yes	yes	yes	ADMIN5257
NM	yes	yes	yes	ADMIN5257
NY	yes	yes	--	NYAD3020
NC	yes	yes	yes	ADMIN5257
ND	--	--	--	--
OH	yes	yes	yes	ADMIN5257
OK	yes	yes	--	ADMIN5524/ADMIN5533
OR	yes	yes	yes	ADMIN5540
PA	yes	yes	--	ADMIN5538
RI	yes	yes	yes	ADMIN5257
SC	yes	yes	yes	ADMIN5257
SD	yes	yes	--	ADMIN5257
TN	yes	yes	--	ADMIN5524
TX	yes	yes	yes	ADMIN5257
UT	yes	yes	yes	ADMIN5257
VT	yes	yes	yes	ADMIN5540
VA	yes	yes	yes	ADMIN5257
WA	yes	yes	--	ADMIN5561
WV	yes	yes	yes	ADMIN5257
WI	yes	yes	yes	ADMIN5692
WY	yes	yes	--	ADMIN5540

## Supplemental Forms



## REPLACEMENT FORM

### Important Notice: Replacement of Life Insurance or Annuities

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  YES  NO
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)

Make sure you know the facts. Contact your existing company or its agent or information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

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Fidelity & Guaranty Life Insurance Company Des Moines, IA

Rev 1-2013



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15-427



## TOP REASONS A LIFE APPLICATION IS NOT IN GOOD ORDER

If you need additional assistance, our Service Center is available to answer your questions. You may contact them directly at 800-445-6758 between 7 a.m. and 6 p.m. CST Monday through Friday.

Also be sure to visit SalesLink, our agent portal, to view your business 24/7 and:

- Download forms, illustration software, marketing materials & supplies
- Verify underwriting guidelines, administrative policies and procedures
- Appoint an agent
- Access product and illustration software training
- Select products
- Find sales concepts
- Review new product information
- Read regulatory updates and notices of changes

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Fidelity & Guaranty Life Insurance Company, Des Moines, IA 15-427

"FGL" when used herein refers to Fidelity & Guaranty Life®, the marketing name for Fidelity & Guaranty Life Insurance Company issuing insurance in the United States outside of New York and, in New York only, Fidelity & Guaranty Life Insurance Company of New York. Each Fidelity & Guaranty Life company is solely responsible for its contractual commitments.



**Fidelity &  
Guaranty Life®**

Be Smart. Take action. **Own your future.**