

NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL ACCIDENT AND SICKNESS OR LONG-TERM CARE INSURANCE

ReliaStar Life Insurance Company
P.O. Box 122, Minneapolis, Minnesota 55440-0122

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

This form must be used if the policy to be replaced is a long-term care insurance policy. If the policy to be replaced is a life insurance policy that accelerates benefits for long-term care, use both this form and the appropriate life insurance form.

According to information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with an individual long-term care insurance rider to be issued by ReliaStar Life Insurance Company. Your new Rider provides thirty (30) days within which you may decide, without cost, whether you desire to keep the Rider. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new Rider.

STATEMENT TO APPLICANT BY AGENT:

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
2. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

I certify that the responses herein are, to the best of my knowledge, accurate:

 Signature of Agent, Broker, or Other Representative _____ Date _____

Typed Name and Address of Agent or Broker _____

The above "Notice to Applicant" was delivered to me on:

 Applicant's Signature and Printed Name _____ Date _____

1ST COPY: HOME OFFICE, 2ND COPY: CLIENT, 3RD COPY: AGENT