



## DIRECTORS LIFE ASSURANCE COMPANY

9020 North May, Suite 120  
Oklahoma City, OK 73120

P.O. Box 20428  
Oklahoma City, OK 73156

800-256-8003  
405/842-1234  
405/842-4998 FAX

### STATEMENT BY APPLICANT REGARDING NOTIFICATION OF REPLACEMENT TO THE REPLACED INSURER

I have read the "NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR AN ANNUITY" which was furnished to me by the agent taking my application for this policy.

(Applicant: Please sign ONE of the following statements.)

1. Please notify my present insurer(s) regarding this transaction

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

2. Please do not notify my present insurer(s) regarding this transaction

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

The signature of the applicant shall be that of the insured unless someone other than the insured is the owner of the policy. If someone other than the insured is the owner of the policy, the owner must sign. If the insured is under eighteen (18) years of age, the parent is deemed to be the owner of the policy.

Certification by the agent:

I hereby certify that nothing was said or done during the sales presentation to influence the decision of the applicant regarding this statement.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Insurance Agency or Agent  
License Number