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# OXFORD LIFE INSURANCE COMPANY

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2721 North Central Avenue  
Phoenix, Arizona 85004  
(602) 263-6666 or (800) 308-2318

## INFORMATION STATEMENT

*THE LIFE INSURANCE I INTEND TO PURCHASE FROM OXFORD LIFE INSURANCE COMPANY MAY REPLACE OR ALTER EXISTING LIFE INSURANCE.*

The following policy(ies) may be replaced as a result of the transaction:

Company	Policy Number	Insured

The proposed policy is:

\_\_\_\_\_

Type of Policy-generic name

\$ \_\_\_\_\_

Face Amount

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Applicant's Address                      City                      State

I certify that this form and the Notice to Applicants Regarding Replacement if Life Insurance were given to and signed by

\_\_\_\_\_

(Applicant – Please Print or Type)

prior to taking an Application and that I am leaving a signed copy for the Applicant.

\_\_\_\_\_

Producer's Signature

\_\_\_\_\_

Producer's Address                      City                      State

\_\_\_\_\_

Date