

**DRAFT FOR CONSULTATION PURPOSES ONLY**

To: Insurance Council of Manitoba  
466 – 167 Lombard Avenue  
Winnipeg, Manitoba R3B 0T6

**Delay Acknowledgement for Life Insurance Replacement Declaration (LIRD)  
and Written Comparative Analysis**

Name of Policy Owner(s)/Consumer: \_\_\_\_\_

Name of Life Insured: \_\_\_\_\_

Existing Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Reason for Delayed LIRD and Written Comparison:

Reason there may possibly be a Rating/Decline/Modification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have been advised that it is a requirement of the *Insurance Act of Manitoba* and the Life Insurance Agent's Code of Conduct that a Life Insurance Replacement Declaration (LIRD) and written Comparative Analysis are provided outlining the benefits and advantages/disadvantages of the existing policy and proposed replacement policy prior to an application for replacement insurance. Due to the above reason, I acknowledge that this requirement of my agent will be delayed on the condition that an LIRD and a full written comparison will be provided for my consideration subsequent to the insurance company's underwriting decision and prior to my accepting any proposal for a new policy. This will ensure that I have an accurate and full comparison in order to make this decision.

I have been advised not to cancel my existing policy until the replacement policy is in force and has been accepted by me.

\_\_\_\_\_  
Signature of Policy Owner(s)/Consumer:

\_\_\_\_\_  
Date:

I acknowledge that prior to placing any new insurance I will complete the LIRD and written Comparative Analysis, and that I may be subject to audit of the completed LIRD and written Comparative Analysis by the Insurance Council of Manitoba.

\_\_\_\_\_  
Signature of Agent:

\_\_\_\_\_  
Date: