



**CALIFORNIA NOTICE OF LIFE INSURANCE OR ANNUITY SALES VISIT – AGE 65 OR OLDER**

**Agent information, as it appears on his/her California insurance license:**

**Full Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Address and Telephone:** \_\_\_\_\_

**I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following (indicate all that apply):**

- Life insurance, including annuities.**
- Other insurance products (specify):** \_\_\_\_\_

**You have the right to:**

- **Have other persons present at the meeting, including family members, financial advisers, or attorneys.**
- **End the meeting at any time.**
- **Contact the Department of Insurance for information, or to file a complaint, at 1-800-927-HELP (4357) or 213-897-8921.**

**The following individual(s) will be coming to your home (list all attendees, and insurance license information, if applicable):**

\_\_\_\_\_

**I acknowledge that the meeting occurred outside of the senior’s home.**

\_\_\_\_\_ (agent’s signature) \_\_\_\_\_ (date)

***The senior must select one of the following and sign below if meeting in the senior’s home:***

**I acknowledge that I have received this document no less than 24 hours and no more than 14 days prior to the initial meeting in my home with the above named insurance agent.**

**I have an existing relationship with the above named agent and I have received this document the same day as my meeting.**

\_\_\_\_\_ (applicant signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (applicant signature) \_\_\_\_\_ (date)