

REQUEST FOR POLICY INFORMATION IN CONNECTION WITH NEW YORK REPLACEMENT REGULATION 60

To the Existing Insurer:

In accordance with New York State Regulation 60, this notice is being furnished to you by a representative of The United States Life Insurance Company in the City of New York (USLife). Please take note that an existing annuity contract(s) issued by your Company may be replaced (as defined in this regulation) by annuity contract(s) issued by USLife.

Regulation 60 requires that replacing agents must request certain information from the existing insurer necessary to complete required "Disclosure Statements" relative to the annuity contract(s) to be replaced. A list of the contracts issued by your company to be replaced is attached to this form and indicates the action proposed to be taken by with respect to each annuity contract.

Please provide all necessary disclosures as required by New York insurance law within twenty (20) days of receipt of this correspondence. As required by law, please send this information to both the replacing agent and to USLife at the addresses indicated in the attached form.

Please note that Regulation 60 requires the agent to prepare Disclosure Statements that include your Company's policy values as they would exist after the proposed replacement transaction and also as they would exist if the proposed change did not occur. This information is therefore requested from your Company.

Also, please note that if this requested response is not received by the replacing agent within 20 days of your receipt of this communication, the agent may estimate values when completing the Disclosure Statements and USLife is required by law to report your lack of response to the New York State Department of Financial Services.

The contract owner's signed authorization appears on the attached form.

Thank you,

The United States Life Insurance Company

REQUEST FOR POLICY INFORMATION IN CONNECTION WITH NEW YORK REPLACEMENT REGULATION 60

	EXISTING COMPANY	REPLACING COMPANY	REPLACING AGENT
Name:		United States Life	
Attention:		Annuity Service Center	
P.O. Box:		P. O. Box 3018	
City, State, Zip:		Houston, TX 77253-3018	
Telephone:		(888) 438-6933	
Fax:		(713) 620-6689	

THE PROPOSED TRANSACTION WILL AFFECT EXISTING POLICY(IES) AS DESCRIBED BELOW:

Contract Number	
Name of Annuitant(s)	
Name of Contract Owner(s)	
Contract Owner's SSN	
Contract Owner's DOB	
Will contract be surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Issue Date (mmddyy):	
IRS Plan Type	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> Qualified <input type="checkbox"/> IRA <input type="checkbox"/> Other _____
Type of Annuity	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Type of Death Benefit	<input type="checkbox"/> Full Annuity Value @ Death <input type="checkbox"/> Withdrawal Value @ Death
Current Annuity Value	\$
Current Surrender Value (including withdrawal charge and MVA, if applicable)	Surrender Value Withdrawal Charge MVA \$ \$ \$

• **Annuity Value of Existing Annuity Contract @ Guaranteed Interest Rate:**

Minimum Guaranteed Interest Rate: _____%

In 1 year: \$ _____ In 3 years: \$ _____ In 5 years: \$ _____ In 10 years: \$ _____

• **Annuity Value of Existing Annuity Contract @ Current Interest Rate:**

Current Interest Rate: _____%

In 1 year: \$ _____ In 3 years: \$ _____ In 5 years: \$ _____ In 10 years: \$ _____

• **Death Benefit of Existing Annuity Contract @ Guaranteed Interest Rate:**

In 1 year: \$ _____ In 3 years: \$ _____ In 5 years: \$ _____ In 10 years: \$ _____

• **Death Benefit of Existing Annuity Contract @ Current Interest Rate:**

In 1 year: \$ _____ In 3 years: \$ _____ In 5 years: \$ _____ In 10 years: \$ _____

Any additional Riders or Amendments? Yes No If yes, please explain.

Contract Owner's Authorization:

I hereby request and authorize the Existing Company to furnish the Replacing Agent and The United States Life Insurance Company with approximations that comply with New York Insurance Regulation 60 disclosure requirements on the above policy(ies) within twenty (20) days of receipt of this notice.

Contract Owner's Signature Date

Joint Contract Owner's Signature Date

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?
(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?
(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?
(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION No. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE: SIGNATURE OF APPLICANT:

DATE: SIGNATURE OF APPLICANT:

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: Yes No

DATE: SIGNATURE OF AGENT:

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

**DISCLOSURE STATEMENT
(Annuity to Annuity Replacement Only)**

IMPORTANT - It may not be in your best interest to surrender, lapse, change or borrow from existing annuity contracts in connection with the purchase of a new annuity contract whether issued by the same or a different insurance company. You are urged to contact your existing agent or insurance company prior to completing the transaction. They can help you decide whether the replacement is in your best interest.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given this Disclosure Statement, the IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

PART A

Name of Applicant(s) _____ Telephone # _____

Address(es) _____

Name of Agent _____ Telephone # _____

Agent's Address _____

The Information On Existing Coverage On This Form Was Obtained From:

The following replaced company(ies): _____

Approximations if the following replaced company(ies) failed to provide information in the prescribed time: _____

**THE UNITED STATES LIFE Insurance Company
In the City of New York**

PART B

DESCRIPTION OF TRANSACTION:

Existing Annuity Contracts Affected

<u>The Proposed Annuity Contract</u>	(1)	(2)	(3)
1. _____ Company Name	_____	_____	_____
2. _____ Customer Service Phone No.	_____	_____	_____
3. <u>XXXXXX</u> Annuity Contract No.	_____	_____	_____
4. _____ Type of Annuity	_____	_____	_____
5. <u>XXXXXX</u> Annuity Issue Date	_____	_____	_____
6. _____ % Current Crediting Rate (If Applicable)	_____ %	_____ %	_____ %
7. _____ % Guaranteed Rate (If Applicable)	_____ %	_____ %	_____ %
8. \$ _____ Account Value	\$ _____ As of Date ()	\$ _____ As of Date ()	\$ _____ As of Date ()
9. \$ <u>N/A</u> Minus Surrender Charge (If Any)	\$ _____	\$ _____	\$ _____
10. \$ <u>N/A</u> Plus/Minus Market Value Adjustment (If Any)	\$ _____	\$ _____	\$ _____
11. \$ <u>N/A</u> Equals Surrender Value	\$ _____	\$ _____	\$ _____

Additional Information:	
IRS Plan Type (Check Box)	Product Name (Select One)
<input type="checkbox"/> Qualified or	<input type="checkbox"/> _____
<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> _____

PART C

SUMMARY RESULT COMPARISON:**

THE PROPOSED ANNUITY

1. Surrender Value to be Invested: \$ _____

Hypothetical Rates of Return

IF YOU CONTINUE YOUR EXISTING ANNUITY(ES)

2. Current Value: \$ _____

Hypothetical Rates of Return

If Fixed Annuity		If Variable Annuity			SURRENDER VALUE	If Fixed Annuity		If Variable Annuity		
At Guaranteed Rate	At Current Rate***	@ 0%	@ 6%	@ 12%		At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
3.	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$
					DEATH BENEFIT					
7.	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$

* Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.

** If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown in Part B.

*** Since the fixed rate declared is subject to change at any time, the rate actually declared in effect on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.

PART D

AGENT'S STATEMENT:

1. The primary reason(s) for recommending the new annuity contract is (are):

2. The existing annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing annuity contract without changes are:

4. The surrender charge, if my client replaces his or her existing annuity contract, is ____% or \$ _____.

5. The new annuity my client is applying for imposes a new surrender charge as follows:
(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed.)

<u>Year:</u>	1	2	3	4	5	6	7	—	—	—
	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %

Explain, if necessary :

Remarks: _____

- The attached proposal, including sales material, was used in this sale.
- No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the second page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison of all existing annuity contracts to all proposed annuity contracts shall be completed. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ Signature of Agent : _____

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Date: _____ Signature of Applicant : _____

Date: _____ Signature of Applicant : _____

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE
POLICIES OR ANNUITY CONTRACTS

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT IS REQUIRED TO GIVE YOU THIS NOTICE TOGETHER WITH A SIGNED DISCLOSURE STATEMENT CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION.
2. ASK THE COMPANY OR AGENT FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION AND THE DISCLOSURE STATEMENT. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM. THEIR CUSTOMER SERVICE TELEPHONE NUMBER IS CONTAINED IN THE DISCLOSURE STATEMENT.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.

5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF THIS PART.

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "**IMPORTANT NOTICE**" AND HAVE RECEIVED A COPY OF SAME.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____