

**Annuity New Business
Transmittal Form**

The United States Life Insurance Company in the City of New York (USL)

A subsidiary of American International Group, Inc.

Administrative Office: P.O. Box 3018, Houston, TX 77253-3018 888-438-6933



This form or a coversheet with identical information must be provided with the application to ensure timely processing.

NEW BUSINESS TRANSMITTAL INFORMATION

Contract No. (if known): _____ Contract Owner: _____ DOB: _____

Owner's Email Address is Required (If none exists, enter NA): _____

Agent Name: _____ Agent Number: _____

IMO/BGA/AGENT CONTACT INFORMATION

For Missing Documents	For Case Follow-up
Name: _____	Name: _____
Email Address: _____	Email Address: _____
Phone: 845-592-4064	Phone: 845-592-4064

SPECIAL INSTRUCTIONS

Please submit the application and all required new business documents to one of the following addresses:

Mailing address:

USL
Annuity Service Center B-F5
P.O. Box 3018, Houston TX 77253-3018

Overnight Mail:

USL
Annuity Service Center B-F5
2727-A Allen Parkway, Houston, TX 77019-7100

Agent Toll Free Number for Servicing: 888-438-6933

By providing complete and accurate information, processing time can be expedited.

**Annuity Agent Report
For Agent Use Only**

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In order to ensure accurate processing, please fill out this form completely and submit with the annuity application.

If you currently submit annuity business through an IMO, Agency or other processing center, please continue to do so. Encourage them to utilize the Annuity New Business Transmittal Form to increase processing efficiency.

Name of Owner _____ SSN/Tax ID _____

Name of Annuitant _____ Contract No. (if known) _____

New Business Forms Checklist

Check and include all that apply:

- Check (payable to USL)
- 1035 Exchange/Trustee Transfer Forms
- Replacement Notice
- State Notice (in applicable states)
- Non-natural owner proof of authorization to sign (ex: Resolution, Trust Affidavit, Power of Attorney Affidavit): _____
- EFT: include voided check
- Other: _____
- Annuity Agent Report (this page) & application
- Client Profile

For a Deferred Annuity also include:

- Owner's Acknowledgement
- Supplemental Application (for indexed annuities)
- Exception Worksheet (for large premium and older age cases)

For an Immediate Annuity also include:

- Proof of Age: Driver's license enlarged to 200% for readability, Passport, Certified Birth Certificate, or other documentation approved by the Company
- Quote that is not expired
- Letter Documenting Client's Rated Age (if medically underwritten)
- Exception Worksheet (for large premium cases).

Important information: Complete section 7 and 10 (Replacement Sections) and check MVA sentence in section 5 or case will be delayed and rate lock will be lost.

Agent Information

REQUIRED	REQUIRED FOR INDEXED PRODUCTS
X Agent/Broker Signature	1. Are you a Registered Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent Name (Print)	2. Does your broker/dealer require a suitability review for Fixed Indexed Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent Number (Write pending if applicable)	3. Are commissions paid through your Broker Dealer for Fixed Indexed Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent SSN (if agent number is pending)	4. Who is your Broker/Dealer? _____
Agent e-mail address	OPTIONAL
Agent Street Address	Split Case <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)
Agent City, State, Zip	Percent to Primary Agent _____% PLUS Percent to 2nd Agent _____%
Agent phone number	PLUS Percent to Others _____% = TOTAL PERCENT 100%
	Second Agent's Name (Print)
	Agent Number
	NESTEGG BUILDERS CORP.
	Agency Name/Number
	Agent SSN (if agent number is pending)

The United States Life Insurance Company in the City of New York ("USL")

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P.O. Box 3018 • Houston, TX 77253-3018

This form **MUST** be completed and returned to The United States Life Insurance Company if the funds to pay the initial premium for life insurance policies or annuity contracts are in the form of a **Cashier's Check**.

I, _____, _____
Name of Authorized Representative of Financial Institution, printed Authorized Representative's Title, printed
of _____
Name of Financial Institution, printed

do hereby certify that:

1. the attached Cashier's check was issued by the above named Financial Institution on behalf of _____ (name of customer) to purchase a policy from an The United States Life Insurance Company Insurer.
2. the customer has an existing relationship with this financial institution through the existence of a checking account, savings account or CD; and
3. funds from the customer's account were used to purchase the Cashier's Check.

Signature of Authorized Representative of Financial Institution

Date

The United States Life Insurance Company in the City of New York ("USL")

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P.O. Box 3018 • Houston, TX 77253-3018

This certification must be completed by the Agent and will be accepted in lieu of the Financial Institution Source of Funds Certification only when an The United States Life Insurance Company annuity application is submitted with a cashier's check issued using the proceeds from a matured Certificate of Deposit (CD). Supporting documentation indicating that the source of funds used to purchase the cashier's check was the proceeds from the matured CD must accompany the cashier's check and this completed form. Following are examples of acceptable supporting documentation:

- CD Renewal notice
- CD Withdrawal receipt
- Cashier's Check receipt

Name of Proposed Annuitant: _____

Name of Financial Institution Issuing Check: _____

Initial Premium Amount: _____

Check Amount: _____

Check Number: _____

I certify that the attached information, which is required by The United States Life Insurance Company's Anti-Money Laundering Procedures, is true and accurate.

Agent Name & Agent Code: _____

Agent Signature & Date: _____

**RETURN THIS COMPLETED FORM WITH THE CASHIER'S CHECK,
SUPPORTING DOCUMENTATION, AND THE APPLICATION.**

Single Premium Immediate Annuity Application

The United States Life Insurance Company in the City of New York, New York, NY (USL)

A subsidiary of American International Group, Inc.

Annuity Service Center, P.O. Box 3018, Houston, TX 77253-3018

Instructions: Please type or print in black ink.

1. Annuitant		<i>(If Owner and Annuitant are different, check here <input type="checkbox"/> and also complete Owner information, #4.)</i>
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth* (MM/DD/YYYY): _____	
Name (FIRST, MI, LAST): Mr/Mrs/Ms _____		
Address (STREET): _____ (CITY/ST/ZIP): _____		
Telephone number: (____) _____ SSN/TAX ID: _____		
Owner's Email Address: _____		
<i>If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under "Special Requests," #12.</i>		
* PROOF OF AGE IS REQUIRED FOR ANY ANNUITANT AND JOINT ANNUITANT IF A LIFETIME INCOME IS SELECTED AND/OR THE CONTRACT IS TO BE ISSUED AS QUALIFIED OR IRA.		
1A. Joint Annuitant		<i>(Joint contracts only. Also complete #3 Joint Life below)</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth* (MM/DD/YYYY): _____	
Name (FIRST, MI, LAST): Mr/Mrs/Ms _____		
Address (STREET): _____ (CITY/ST/ZIP): _____		
Telephone number: (____) _____ SSN/TAX ID: _____		
2. Premium Payment		
Type: Premium Payment	<input type="checkbox"/> Check	<input type="checkbox"/> Trustee Transfer (Qualified)
\$ _____	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> §1035 Exchange
Actual, Estimated (Circle One)		
Source: <input type="checkbox"/> Nonqualified	<input type="checkbox"/> IRA	<input type="checkbox"/> Deferred Comp. (457 plans)
<input type="checkbox"/> Qualified** (plan type/name) _____		<input type="checkbox"/> Other _____
** Qualified: Funds from a retirement plan such as a Keogh/HR-10, 401(k), 403(b), TSA, 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.		
3. Income Payments		PAYOUT OPTIONS:
<input type="checkbox"/> SINGLE LIFE:		<input type="checkbox"/> Lifetime Income Only (also complete #11)
<input type="checkbox"/> JOINT LIFE: (Also complete Joint Annuitant information, #1A)		<input type="checkbox"/> Lifetime Income with Certain Period of ____ yrs and ____ mos.
<input type="checkbox"/> Survivor: Payments will be _____% at the death of either		<input type="checkbox"/> Lifetime Income with Cash (lump sum) Refund (fixed product only)
<input type="checkbox"/> Contingent: Payments will be _____% at the death of Annuitant		<input type="checkbox"/> Lifetime Income with Installment Refund (fixed product only)
<input type="checkbox"/> Certain Period of _____ yrs and _____ mos.		
Contract Type: <input type="checkbox"/> Nonqualified <input type="checkbox"/> IRA <input type="checkbox"/> Qualified - Pension Plan <input type="checkbox"/> Other _____		
Payment Mode (frequency): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
Payment Type (Check One): <input type="checkbox"/> Level <input type="checkbox"/> Consumer Price Index <input type="checkbox"/> Increasing 1%, 2%, 3%, 4%, 5% (Circle One)		
Income Start Date: Will be one modal period from the date premium is received unless stated here. (MM/DD/YYYY) _____		

4. Owner *(Complete only if Owner and Annuitant are different)*

Individual Non-natural *(Non-natural include appropriate documents)*
 Trust Qualified Plan or Trust *(unisex rates apply)* Corporation Partnership Other
Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Date of birth (MM/DD/YYYY): _____
Address (STREET): _____ (CITY/ST/ZIP): _____
Telephone number: () _____ SSN/TAX ID: _____
Owner's Email Address is Required (If none exists, enter NA): _____

4A. Joint Owner *(Nonqualified only)*

Relationship to Owner: _____
Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Date of birth (MM/DD/YYYY): _____
Address (STREET): _____ (CITY/ST/ZIP): _____
Telephone number: () _____ SSN/TAX ID: _____

5. Payee *(Complete if Payee is not the Annuitant unless indicated here. If EFT complete #9)*

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Relationship to Owner: _____
Address (STREET): _____ (CITY/ST/ZIP): _____
Telephone number: () _____ SSN/TAX ID: _____
List additional payees under "Special Requests," #12, or on a separate sheet signed by the Owner and check this box.

6. Purchaser/Premium Payor *(Complete only if Purchaser is not the Owner)*

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Relationship to Owner: _____
Address (STREET): _____ (CITY/ST/ZIP): _____
Telephone number: () _____ SSN/TAX ID: _____

7. Beneficiary Information *(more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)*

Name: _____ Address: _____
_____ % SSN/Tax ID: _____ Relationship to Owner: _____
Name: _____ Address: _____
_____ % SSN/Tax ID: _____ Relationship to Owner: _____
If more than 2 Beneficiaries, list on a separate sheet signed by the Owner and check this box.

8. Tax Withholding **IMPORTANT - READ CAREFULLY**

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W4-P and returning it to the Company. **If a W4-P is not included or withholding is not indicated below, Federal withholding will be for filing as a married person claiming three (3) withholding allowances until revoked by the Owner.**
Federal Tax Withholding:
 Do Not withhold Federal Income Tax
 Do withhold Federal Income Tax based on this information: Allowances _____ Marital Status _____ or \$ _____
State Tax Withholding *(if applicable)*:
 Do Not withhold State Income Tax
 Do withhold State Income Tax: \$ _____ or _____ %

9. Electronic Funds Transfer

Checking *(attach voided check)* Savings *(attach deposit slip)*
Name on Account: _____ Account Number: _____
Name of Institution _____ ABA Routing/Transit Number:

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I authorize the Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. (Owner's initials) _____

10. Medical Underwriting *(If no box is checked the owner declines the opportunity to apply for medical underwriting)*

I understand that I may apply for a medically underwritten immediate annuity.
I have elected to: submit medical records not submit medical records

11. Lifetime Income Payout Option

I understand that no further income payments will be made and this contract will terminate at the death of all Annuitants listed in #1 (and #1A, if applicable).

(Owner's initials) _____

12. Special Requests:

13. Owner(s) Signatures (This section must be completed in its entirety):

I represent that:

A. Required Minimum Distribution: I understand that annuities purchased with IRA or Qualified Plan funds are subject to the Minimum Distribution Rules. If I turn age 70 1/2 during this calendar year or if I am currently taking Required Minimum Distributions I further understand that the Required Minimum Distribution must be withdrawn **before** transferring the funds. USL will not distribute additional funds in excess of the payout amount applied for after the premium is received by USL.

B. Suitability: The surrender and withdrawal provisions have been explained to me. I understand that once selected the items in the Income Payment Section (#3) cannot be changed or terminated. I believe this to be a suitable purchase for my financial situation at this time. No bankruptcy proceedings are pending or contemplated. I have read and understand the suitability form as may be required by the state.

C. Rights of Succession: Unless indicated in "Special Requests", #12, of this Application the ownership succession will be as described in Section 2.06 of the Contract which states: Upon the death of the Owner, ownership rights will succeed as follows: (1) surviving Owner or Joint Owner, if any; (2) Annuitant(s), if any; (3) Beneficiary(ies), if any; (4) Estate or successors of the last Owner or Joint Owner to die.

- D. Replacement:** (1) Do you currently own existing life insurance coverage with USL? Yes No
- (2) Will this annuity replace a current AIG policy or contract? If yes, provide policy or contract # _____
AIG Issuing company _____ Yes No
- (3) Do you have any annuity or insurance contracts? Yes No
- (4) If yes, will the proposed contract replace any existing annuity or insurance contracts? Yes No
(If yes, complete appropriate replacement documents.)

E. Taxation of Income Payments: I acknowledge that USL will send an annual tax form to the Owner of this contract.

Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

X _____ X _____ Date _____
Owner's Signature (and title, if applicable) Joint Owner's Signature (if applicable)

Signed at (CITY/STATE/ZIP) _____

X _____ Date _____
Annuitant Signature (if Owner and Annuitant are not the same or if owner is a non-natural person)

X _____ Date _____
Joint Annuitant's Signature (if applicable)

14. For Agent/Broker Use Only (This section must be completed in its entirety):

- This annuity is suitable for the applicant's financial needs. Yes No
 - Does the proposed Annuitant(s) have any existing annuity or insurance contracts? Yes No
 - If yes, will this proposed contract replace any existing annuity or insurance contracts? Yes No
 - If yes, have you provided the Annuitant with all necessary replacement documents as required by state law? Yes No
- I hereby certify all information contained in this application is true to the best of my knowledge and belief.

X _____ Date _____
Agent/Broker Signature ()
Agent Name (Print) Agent Telephone Number

Client Profile

The United States Life Insurance Company in the City of New York

Administrative Office: P.O. Box 3018, Houston, TX 77253-3018

The United States Life Insurance Company in the City of New York requires that the licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. The information below will be used to assist in determining whether the recommended annuity purchase is suitable for you.

This form must be completed in its entirety. Incomplete forms will be rejected and result in delayed processing. If the client chooses not to disclose certain financial information, then 'Refused' should be marked – the question should not be left blank.

The Client Profile form should be completed with the contract owner's information. If the contract owner is a revocable trust, then the form should be completed using the trust grantor's information.

Personal Information

Owner Name:	Age: (A)	Product Type: (B)
Owner Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Single Premium Immediate Annuity (SPIA) <input type="checkbox"/> Fixed Traditional Deferred Annuity <input type="checkbox"/> Fixed Index Deferred Annuity If SPIA is selected above, is the income option Life Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Spouse's Name:	Spouse's Age:

Premium Information

Actual or Estimated Premium Amount: \$ _____	(C)
Source of Funds <i>(check all that apply):</i>	
Note: if there are multiple sources of funds, the information requested below must be provided for each source. Attach a separate sheet (signed and dated by the client) if necessary.	
<input type="checkbox"/> Annuity <input type="checkbox"/> Certificates of Deposit (CDs) <input type="checkbox"/> Cash with Application <input type="checkbox"/> IRA Transfer/Rollover <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other: _____	
Are there any other surrender charges, settlement fees or penalties associated with the source(s) of premium indicated above (if source is an existing annuity, please see additional annuity questions below):	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Additional annuity questions:	
Will any of your sources of funds incur surrender charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the surrender charge? _____% or \$ _____	
Will any of your sources of funds incur a Market Value Adjustment (MVA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate estimated amount: \$ _____ (indicate +/-)	
If positive, will MVA exceed any remaining surrender charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the current interest rate? _____% When is the contract anniversary? _____/_____/_____	

Financial Profile

<p>What is your estimated monthly household income? (D)</p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Non-natural Owner—Not Applicable</p> <p><input type="checkbox"/> Refused</p> <p>What is the source of your income?</p> <p><input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Withdrawals from IRA/qualified plan <input type="checkbox"/> Refused</p>	<p>What are your estimated monthly fixed expenses (housing, Insurance, food, etc.)? (E)</p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Non-natural Owner—Not Applicable</p> <p><input type="checkbox"/> Refused</p>
<p>What is your estimated total net worth, excluding your personal residence and liquid assets? <i>This would include the value of the annuity being purchased, retirement accounts, real property & other individual investments, deferred compensation, annuities, life insurance cash value, Etc.</i> (F)</p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Refused</p>	<p>What is the estimated total value of your liquid assets? <i>Liquid Assets include bank accounts, CD's, money market funds, mutual funds, & brokerage accounts.</i> (G)</p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Refused</p>
<p>When do you anticipate needing access to more than the free withdrawal amount from these funds? (H)</p> <p><input type="checkbox"/> Within 3 years <input type="checkbox"/> Longer than 10 years</p> <p><input type="checkbox"/> 4 to 5 years <input type="checkbox"/> Funds will not be needed</p> <p><input type="checkbox"/> 6 to 10 years <input type="checkbox"/> Not Applicable -Income Annuity</p> <p><input type="checkbox"/> Refused</p>	<p>What is your time frame for achieving your goals for these funds? (I)</p> <p><input type="checkbox"/> Less than 1 year <input type="checkbox"/> 10 to 14 years</p> <p><input type="checkbox"/> 1 to 4 years <input type="checkbox"/> Longer than 15 years</p> <p><input type="checkbox"/> 5 to 9 years <input type="checkbox"/> Not Applicable -Income Annuity</p> <p><input type="checkbox"/> Refused</p>
<p>What is your estimated federal tax bracket?</p> <p><input type="checkbox"/> 10% <input type="checkbox"/> 33%</p> <p><input type="checkbox"/> 15% <input type="checkbox"/> 35%</p> <p><input type="checkbox"/> 25% <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> 28% <input type="checkbox"/> Refused</p>	<p>What are your plans for the funds under consideration?</p> <p><input type="checkbox"/> Estate Planning <input type="checkbox"/> Tax Savings <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Growth for Future <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Child's Education <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Other _____</p>
<p>What types of products or investments have you previously purchased or currently own?</p> <p><input type="checkbox"/> CDs <input type="checkbox"/> Stocks <input type="checkbox"/> Annuities <input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Bonds <input type="checkbox"/> Other _____ <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Refused</p>	

Additional information: _____

Client Acknowledgement

<p>By signing this form, I affirm:</p> <p>a. For deferred annuities, I understand that once I agree to purchase the product, access to these funds (in excess of the free withdrawal amount) during the withdrawal charge period may result in a penalty;</p> <p>b. the information on this form was obtained prior to the purchase of the annuity; and</p> <p>c. the information on this form is correct.</p> <p>Signed this _____ day of _____, 2_____.</p>	
<p>_____ Client's Name (Please print)</p>	<p>_____ Client's Signature</p>
<p>_____ Agent's Name (Please print)</p>	<p>_____ Agent's Signature</p>

DISCLOSURES

For NJ residents only: The sale and suitability of annuities is regulated by the Department of Banking and Insurance, and you may obtain assistance by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at www.njdobi.org.

INSURANCE DEPARTMENT 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?
Yes _____ No _____
- (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?
Yes _____ No _____
- (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?
Yes _____ No _____
- (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?
Yes _____ No _____
- (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?
Yes _____ No _____
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?
Yes _____ No _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT 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: _____