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 OR BROKER 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-

EXIOTING COVERVICE	DELIN, ON IO II LINEET TO	DL.				
	RENDERED, PARTIALLY IE LIFE INSURANCE POLIC		·		TERMINA T	TED?
UNDER ANOTH	MODIFIED INTO PAID-UP HER FORM OF NONFORFE ORFEITURE BENEFITS, DI' ?	EITURE BENEFIT; (OR OTHERWIS	E REDUCED) IN VALU	E BY THE
				YES	NO	_
LIFE INSURANC	MODIFIED SO AS TO EFF CE OR ANNUITY BENEFIT (FIT WILL CONTINUE IN FO	OR IN THE PERIOD				
				YES	NO	_
` ALL TRANSAC	TH A REDUCTION IN AMOU FIONS WHEREIN AN AMOU ED ON ONE OR MORE OF	JNT OF DIVIDEND	ACCUMULATION			
				YES	NO	_
PORTION OF T	COLLATERAL FOR A LOAN THE LOAN VALUE, INCLUD NS OR PAID-UP ADDITION CIES?	ING ALL TRANSAC	CTIONS WHERE	ein any am	OUNT OF	DIVIDEND
				YES	NO	_
(6) CONTINUED W PAID?	ITH A STOPPAGE OF PREI	MIUM PAYMENTS (OR REDUCTION	N IN THE AM	OUNT OF	PREMIUM
. ,				YES	NO	_
YORK INSURANCE REQUIRED TO PROVIDINSURANCE POLICIES	RED YES TO ANY OF THE GULATION 60 HAS OCCUR DE YOU WITH THE IMPORT OR ANNUITY CONTRAC R THAN THE TIME YOUR N	RED OR IS LIKELY <u>FANT</u> NOTICE REG TS. YOU WILL <i>F</i>	TO OCCUR AN ARDING REPL ALSO RECEIVE	ND YOUR AG ACEMENT C E A COMPL	ENT OR E R CHANG ETED DIS	BROKER IS SE OF LIFE
Date:	_Signature of Applicant:					
Date:	Signature of Applicant:					
TO THE BEST OF MY K	NOWLEDGE, A REPLACEM	MENT IS INVOLVED	IN THIS TRANS	SACTION: YE	ES N	0
Date:	Signature of Agent or Bro	ker:				

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