	Index Universal Life
	Supplemental Application
Policy	# (if known):

Po	licy	#	(if	known):	

New York Version

The United States Life Insurance Company in the City of New York 175 Water St, New York, NY 10038

In this form, the "Company" refers to the insurance company named above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments

obligation and payment of benefits under	any poncy ma	t it illay issue. No other	Company is responsible	ior such obligations of payments.
Proposed Insured				
First Name N	Last Nar	 ne	Date of Birth	Social Security #
				,
This supplement must accompany the ap to and made a part of the policy.	propriate app	olication for life insuran	ce. This supplement and	i the application will be attached
Dollar Cost Averaging (DCA)				
☐ Please check this box if you are choo	sing to use D	CA.		
Directions: Please check the box to sele	•	•		
Option A: Deposit all premiums into DO of your premium to the Declared Interest to Index Accounts available on the pro	est Account b	elow. The remainder v	or quarterly mode). If devill be deposited into the	esired, you may allocate a portion DCA Account which is allocated
		Enter % allocated to D		
				monthly basis based on the ers for annual) using the DCA
DCA Account (%)	%	Allocation percentage	s selected.	
Declared Interest Account (%)	%		e Declared Interest Acc to receive transfers fron	ount. The Declared Interest on the DCA Account.
Total	100%	Note: Total allocation r		
Option B: Deposit only Lump Sum pre premium is a single, non-recurring pre Sum and/or 1035 exchange premiums	emium paymer	nt that is not a 1035 exc	hange premium. By che	cking this box, 100% of the Lump
Product Selection and Premium/DCA	A Account Al	location		
Directions: Please complete the section If you have not chosen to use DCA, pleas				in the "Premium Allocation (%)"
column.				
If you have chosen to use DCA: For Option A, please only complete the "For Option B, please complete the "Pre Allocation (%)" column for all Lump Su cannot be allocated to the Declared Inte	emium Allocat ım premium a	ion (%)" for premium r ind 1035 exchange pre	not being deposited into	the DCA Account and the "DCA
Total allocations in each column must e			only.	
Max Accumulator+ II				
		Premium Allocation (%)	DCA Allocation (%)	
Cap Rate Account (1-Year, No. II, utilizing S&P 500® Index)			-
Participation Rate Account (1-Year, utilizing S&P 500® Index)				-
Declared Interest Account			N/A	-
		100%	100%	

AGLC108093-NY-2019 Page 1 of 2

Value+ Protector II				
	Premium Allocation (%)	DCA Allocation (%)		
Cap Rate Account (1-Year, No. II, utilizing S&P 500® Inde	:)			
Participation Rate Account (1-Year, utilizing S&P 500® Index)				
Declared Interest Account	100%	N/A 100%		
Other				
(Use for products not listed above unles	otherwise instructed.)			
Product Name:				
Directions: Please complete the sectio If you have not chosen to use DCA, ple column.	below for the product being applied for. se indicate how each premium received	should be allocated in	the "Premium	ı Allocation (%)″
Allocation (%)" column for all Lump S cannot be allocated to the Declared In	"DCA Allocation (%)" column. The "Prememium Allocation (%)" for premium not bum premium and 1035 exchange premiurerest Account. qual 100%. Use whole percentages only	m. Lump Sum premium	lumn should r e DCA Accour and 1035 exc	emain blank. nt and the "DCA change premium
Total anocations in each column must	quai 100 /b. Ose whole percentages only	Pr	emium ocation	DCA Allocation
			%	%
			%	%
			%	%
	ead this supplemental application or that est of my knowledge and belief. I agree to a supplication packet.			
Owner Signature				
X	Owner signed on (date)			