

Request for Information and Authorization

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Ameritas Life Insurance Corp. of New York P.O. Box 81889, Lincoln, NE 68501 / 877-280-6110, Fax 402-467-7335

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

To Current Insurer _____

Policy or Contract Number(s) _____

Insured/Annuitant _____

Type of contract being applied for: Annuity Life Insurance Variable Life Insurance

A replacement of the above policy or contract has or is likely to occur. Please provide information necessary to complete the Disclosure Statement required by New York Insurance Regulation No. 60. A copy of the Disclosure Statement is enclosed.

Authorization to Obtain Information

By signing below, I authorize and request the undersigned agent/broker and Ameritas Life Insurance Corp. of New York to obtain account information from my current insurer related to my existing life insurance policy or annuity contract referenced above.

Signature of Applicant Date _____

Signature of Applicant Date _____

Signature of Agent / Broker

Agent / Broker _____

Company _____

Address _____

Phone _____ Fax _____

Mail first copy to replaced company and second copy to the appropriate replacing company.

Definition of Replacement

Department of Financial Services of the State of New York

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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 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.

To the best of my knowledge, a replacement is involved in this transaction: Yes No

Signature of Applicant _____
Date

Signature of Applicant _____
Date

Signature of Agent / Broker _____
Date