



Transamerica Financial Life Insurance Company
 Home Office: 440 Mamaroneck Avenue
 Harrison, NY 10528
 Administrative Office: 4333 Edgewood Road NE
 Cedar Rapids, IA 52499

Definition of Replacement

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 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, 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including all transactions wherein any amount or dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?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 or broker 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

Signature of Agent or Broker

Date



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Disclosure Authorization

Insurance Department of the State of New York *Disclosure Authorization*

AUTHORIZATION: By signing below, I authorize and request Transamerica Financial Life Insurance Company, of Purchase, New York to obtain account information from my current insurer related to my existing life insurance policy or annuity contract. I further authorize the insurer(s) named below to release all requested information necessary to complete the Disclosure Statement required under New York Regulation 60.

Name of Replaced Insurer	Insured	Policy Number	Insured's Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

