

COMPANION LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

888 VETERANS MEMORIAL HIGHWAY, SUITE 515, HAUPPAUGE, NY 11788



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:

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including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?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

Date: _____

Signature of Agent/Broker: _____



Company's Copy

Y5415_0814

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Authorization to Disclose Policy or Contract Information

To: _____ Policyowner: _____

Your Policy(s): _____

or Contract(s): _____

Attention*: _____

(*You must list the appropriate contact person provided by each licensed insurer or society and posted on the following website: www.dfs.ny.gov/insurance/reg60/reg60contacts.htm. Please note: some companies have provided more than one contact, so it is important you use the appropriate contact for the type of policy or contract that is proposed to be replaced.)

We are requesting your assistance in accordance with New York Insurance Regulation No. 60 11 NYCRR 51 in providing the required information for completing the enclosed New York State Disclosure Statement. We would like to thank you in advance for your cooperation.

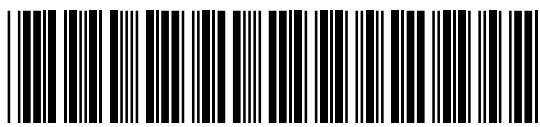
Please forward the requested information directly to our representative at the address shown below:

Attention:

This authorization is for the purpose shown above, and valid until revoked in writing by the policyowner. A photocopy of this authorization is as valid as the original.

_____ Policyowner's Signature	_____ Social Security Number	
_____ Street Address	_____ Date of Birth	
_____ City	_____ State	_____ ZIP Code
_____ Date		

Date this form was sent to existing insurer: _____ / _____ / _____
month day year



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