

Chase Insurance Life Company of New York

New York, New York

Administrative Office:

2500 Westfield Drive, Elgin, Illinois 60123-7836 - the "Company"

Fixed Annuity Application Chase Insurance Classic II Annuity

1. Annuitant Information

For Non-qualified Contracts additional Annuitant may be listed in Section 8.

Name of Annuitant _____

Male Female SS# _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Daytime Phone _____

2. Owner Information

Please complete this section only if Owner(s) is other than Proposed Annuitant(s). For Non-qualified Contracts additional Owner may be listed in Section 8.

Name of Owner _____

Male Female SS# _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Daytime Phone _____

3. Beneficiary Information

Please check box next to beneficiary name if the beneficiary is the spouse of the Contract Owner. (Each designation should equal 100%.) Use Section 8 for additional beneficiary(s).

Primary % DOB _____ Relationship _____

Primary % DOB _____ Relationship _____

Contingent % DOB _____ Relationship _____

4. Type of Plan

Non-Qualified Simple IRA 403(b)

Roth IRA 401(a) 457

408(b) IRA 401(k)

Please complete for IRA Contracts.

The annuitant has received, read and understands the IRA Disclosure Statement.

_____ Tax Year of Initial Contribution

5. Investment Options

Total Allocation must equal 100%.

The minimum Purchase Payment per investment option is \$25.00.

_____ % 1-year Fixed Account

_____ % Market Value Account with a 6-year interest rate guarantee period

6. Annuitization

The annuity date will be the original youngest Annuitant's 90th birthday unless another year is requested here: _____

7. Replacement Compliance

Do you have any existing life insurance or annuity policies? Yes No

Is this annuity intended to replace or change any existing life insurance or annuity? Yes No

Chase Insurance Life Company of New York

New York, New York

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APPENDIX 11

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 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, DIVDEND 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 DEPARTMENT 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.

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: _____

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**APPENDIX 10A
INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
DISCLOSURE STATEMENT**

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING AGENT OR INSURANCE COMPANY PRIOR TO COMPLETING THE TRANSACTION. THEY CAN HELP YOU DECIDE WHETHER THE REPLACEMENT IS IN YOUR BEST INTEREST.

FOR YOUR PROTECTION, the Insurance Department of the State of New York requires that you be given this Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

Name of Applicant _____ Telephone # _____

Address _____

Name of Agent _____ Telephone # _____

Company _____ Address _____

The information on existing coverage on this form was obtained from:

- The replaced company
- Approximations if replaced company failed to provide information in the prescribed time

1. DESCRIPTION OF TRANSACTION:

AS OF DATE:

Proposed Policy/Contract		Existing Policies/Contracts Affected		
		(1)	(2)	(3)
_____	Company	_____	_____	_____
_____	Customer Service	_____	_____	_____
_____	Telephone Number	_____	_____	_____
_____	Type of Insurance	_____	_____	_____
\$ _____	Face Amount	\$ _____	\$ _____	\$ _____
\$ _____	Rider: _____	\$ _____	\$ _____	\$ _____
\$ _____	Rider: _____	\$ _____	\$ _____	\$ _____
\$ _____	Rider: _____	\$ _____	\$ _____	\$ _____
\$ _____	Rider: _____	\$ _____	\$ _____	\$ _____
\$ _____	Rider: _____	\$ _____	\$ _____	\$ _____
\$ _____	Premium	\$ _____	\$ _____	\$ _____

DISCLOSURE STATEMENT CONTINUED:

Proposed Policy/Contract	Existing Policies/Contracts Affected		
	(1)	(2)	(3)
Contract Number:	# _____	# _____	# _____
Issue Date:	_____	_____	_____
\$ _____ Surrender Charge	\$ _____	\$ _____	\$ _____
_____ % Guaranteed Interest Rate	_____ %	_____ %	_____ %
_____ % Loan Interest Rate	_____ %	_____ %	_____ %
_____ Years Contestable Expiry Date	_____ M/Y	_____ M/Y	_____ M/Y
_____ Years Suicide Expiry Date	_____ M/Y	_____ M/Y	_____ M/Y

Existing coverage to be changed by:

Lapse or Surrender:	[]	[]	[]
Amendment or Reissue:	[]	[]	[]
Loan or Withdrawal:	[]	[]	[]
Reduction To:	\$ _____	\$ _____	\$ _____
Reduced Paid-Up For:	\$ _____	\$ _____	\$ _____
Extended Term For:	___ Yrs ___ Mos	___ Yrs ___ Mos	___ Yrs ___ Mos

Cash released by change:	Year _____	\$ _____	\$ _____	\$ _____
	Year _____	\$ _____	\$ _____	\$ _____
	Year _____	\$ _____	\$ _____	\$ _____

Use of cash released: _____

DISCLOSURE STATEMENT CONTINUED:

2. SUMMARY RESULT COMPARISON:

New With Existing Coverage Changed			Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed	Annual Premium	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
Guaranteed	Non-Guaranteed	Surrender Value	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
Guaranteed	Non-Guaranteed	Death Benefit	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
Guaranteed	Non-Guaranteed	Dividends	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____

AGENT'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

REMARKS:

- The attached proposal, including sales material, was used in this sale.
- No proposal or sales material was used in this sale.

DISCLOSURE STATEMENT CONTINUED:

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, the first page of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed for all existing life insurance policies or annuity contracts to all proposed life insurance policies and annuity contracts. The proposal, including sales material used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ Signature of Agent: _____

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new coverage.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

Chase Insurance Life Company of New York

New York, New York

Administrative Office:

2500 Westfield Drive, Elgin, Illinois 60123-7836

**APPENDIX 10B
INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
DISCLOSURE STATEMENT (Annuity to Annuity Replacement Only)**

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING AGENT OR INSURANCE COMPANY PRIOR TO COMPLETING THE TRANSACTION. THEY CAN HELP YOU DECIDE WHETHER THE REPLACEMENT IS IN YOUR BEST INTEREST.

FOR YOUR PROTECTION, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

Name of Applicant _____ Telephone # _____

Address _____

Name of Agent _____ Telephone # _____

Company _____ Address _____

The information on existing coverage on this form was obtained from:

- The replaced company
- Approximations if replaced company failed to provide information in the prescribed time

1. DESCRIPTION OF TRANSACTION:

AS OF DATE:

Proposed Annuity Contract

Existing Annuity Contracts Affected
(1) (2) (3)

_____	Company	_____	_____	_____
_____	Customer Service Telephone Number	_____	_____	_____
_____	Type of Annuity	_____	_____	_____
	Contract Number:	# _____	# _____	# _____
	Issue Date:	_____	_____	_____
\$ _____	Account Value	\$ _____	\$ _____	\$ _____
\$ _____	Minus Surrender Charge	\$ _____	\$ _____	\$ _____
\$ _____	Plus/Minus Market Value Adjustment (if any)	\$ _____	\$ _____	\$ _____
\$ _____	Equals Surrender Value	\$ _____	\$ _____	\$ _____

DISCLOSURE STATEMENT CONTINUED:

2. SUMMARY RESULT COMPARISON:

THE PROPOSED ANNUITY

IF YOU CONTINUE YOUR CURRENT ANNUITY

Surrender Value To Be Invested: \$ _____

Current Value: \$ _____

If Variable Annuity
Hypothetical Rates of Return

If Variable Annuity
Hypothetical Rates of Return

At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
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At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
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SURRENDER VALUE

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

DEATH BENEFIT

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

AGENT'S STATEMENT:

1. The primary reason(s) for recommending the new annuity contract is (are):

2. The existing annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing annuity contract without changes are:

4. The surrender charge, if my client replaces his or her existing annuity contract, is _____% or \$ _____.
The new annuity my client is applying for imposes a new surrender charge as follows: (Describe percentage rate of surrender charge for each year in which a surrender charge is imposed)

REMARKS:

- The attached proposal, including sales material, was used in this sale.
- No proposal or sales material was used in this sale.

DISCLOSURE STATEMENT CONTINUED:

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the first page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ **Signature of Agent:** _____

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Date: _____ **Signature of Applicant:** _____

Date: _____ **Signature of Applicant:** _____

Chase Insurance Life Company of New York

New York, New York

Administrative Office:

2500 Westfield Drive, Elgin, Illinois 60123-7836

APPENDIX 10C

INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT IS REQUIRED TO GIVE YOU THIS NOTICE TOGETHER WITH A SIGNED DISCLOSURE STATEMENT CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION.
2. ASK THE COMPANY OR AGENT FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION AND THE DISCLOSURE STATEMENT. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM. THEIR CUSTOMER SERVICE TELEPHONE NUMBER IS CONTAINED IN THE DISCLOSURE STATEMENT.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.

4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF THIS PART.

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- * THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- * YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- * YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- * THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

Authorization To Disclose Policy Information

Chase Insurance Life Company of New York (CILCONY/"the Company")

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
866/339-2478

Letter of Notification

In accordance with New York Insurance Department Regulation 60, please furnish the information needed for completing the enclosed Disclosure Statement.

Please forward the information to:

Agent's Name:

Address:

I authorize the release of information on the below mentioned policy(ies), as is needed to complete New York's required Disclosure Statement. This authorization is valid until revoked in writing by me.

1) _____
Policyowner's Signature Date Print Name of Policyowner

Address Social Security or Tax ID Number

City State Zip

2) _____
Policyowner's Signature Date Print Name of Policyowner

Address Social Security or Tax ID Number

City State Zip

List of All Policies Being Replaced

1) Insurance Company: _____ Policyowner: _____ Policy: _____	4) Insurance Company: _____ Policyowner: _____ Policy: _____
2) Insurance Company: _____ Policyowner: _____ Policy: _____	5) Insurance Company: _____ Policyowner: _____ Policy: _____
3) Insurance Company: _____ Policyowner: _____ Policy: _____	6) Insurance Company: _____ Policyowner: _____ Policy: _____

To Agent: Send one copy, with Disclosure Statement, to each existing insurer. Send one copy, with application and completed Disclosure Statement(s), to us at our Administrative Office.

New York Replacements Instructions

The State of New York enacted Regulation 60 that regulates the acts and practices of insurers and agents with respect to the internal and external replacement of life insurance policies and annuity contracts. It establishes minimum standards of conduct to be observed in replacement or proposed replacement of life or annuity policies.

These minimum standards of conduct include making available full and clear information on which an applicant can make a decision in his or her own best interest and precludes the opportunity for misrepresentation, incomplete comparisons, unfair methods or unfair practices.

Included in the definition of replacement are existing life or annuity contracts that, as part of the transaction, have been or are likely to be:

- 1) lapsed, surrendered, partially surrendered, forfeited, assigned to another insurer or otherwise terminated;
- 2) policies that are changed, reissued or modified so as to effect reduced benefits;
- 3) policies assigned as collateral for a loan; and
- 4) policies with a reduction or stoppage of premium payments.

Agent Duties

(A) For all applications:

(1) Obtain as part of each application a completed "Definition of Replacement" form and leave a copy signed both by the agent and applicant with the applicant. (NY-11 included as part of the application.)

(B) Where a replacement has occurred or is likely to occur:

- (1) Obtain a list of all policies/contracts to be replaced.
- (2) Notify each insurer whose policy or contract is being replaced and, together with a proper authorization from the policyowner, request from him or her the policy information necessary to complete the "Disclosure Statement" (NY-10A). The existing insurer has 20 days to respond to the request for disclosure information. After 20 days the agent can complete the disclosure form with estimates and indicate this on the Disclosure Form.
- (3) Prior to the time the applicant signs the application, present to him or her the "Important Notice Regarding Replacement" (NY-10C) and a completed "Disclosure Statement," including the Producer's primary reason for recommending the new product and why existing coverage cannot meet the applicant's objectives.
- (4) Have the applicant acknowledge that the completed "Important Notice Regarding Replacement" and "Disclosure Statement" have been received and read, and obtain his or her signature.

(C) When submitting the replacement application include a(n):

- (1) Application that lists the existing coverage to be replaced.
- (2) Signed "Important Notice Regarding Replacement" form.
- (3) Fully completed and signed "Definition of Replacement" form.
- (4) Completed and signed "Disclosure Statement," including Producer's primary reason for recommending the new product and why the existing coverage cannot meet the applicant's objectives.
- (5) Proposal or any sales material used in the transaction.

Note: Replacement applications without this additional information will be returned immediately.

Request for 1035 Exchange or Transfer for Annuities

**Chase Insurance Life Company
of New York (CILCONY/"the Company")**

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Contract Owner _____

Participant Name _____

Contract Number _____

Daytime Phone Number _____

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
866/339-2478

To allow us to expedite your request, the following items must be completed: 1) Owner's signature(s) is required on this form, 2) Spousal consent may be required (see section 5), 3) For transfers or 1035 exchanges from annuity or life products, a replacement form should be completed and signed if required by the state, and 4) An application for the new product must be completed and signed by the annuitant(s) and all contract owner(s).

Section 1: Distribution Instructions

Releasing Company- Please process the following on the above reference account and do not withhold taxes from the proceeds:

Check One: Transfer the proceeds immediately. I am aware of all penalties that may apply.
 Transfer the proceeds on _____

Check One: Full Transfer \$ _____ Partial Transfer \$ _____

Check One: Contract/Policy enclosed
 My contract/certificate specified above has been LOST, DESTROYED, or MISLAID, and I request that the value of said contract/certificate be paid. I hereby agree (on my behalf and behalf of my heirs, assignees, and legal representatives, or any other person claiming rights through me) to indemnify and protect the Company against any claim which may be asserted against the Company on the basis of this contract/certificate and to reimburse the Company for any payment it may make or expense it may incur with respect to any such claim.

I wish to effect this transfer as soon as possible and would prefer not to be contacted by a representative of the Releasing Company. Thank you for past service and assistance.

Section 2: Type of Transfer (check one box only)

A. 1035 Exchange from an annuity or life insurance policy(ies).
I hereby make a complete and absolute assignment and transfer without exceptions, limitations, or reservations to the Company, all assignable benefits, interest, property and rights in the contract described above in exchange for a new annuity contract as described in my application to the company. I expressly represent that the sole purpose of this Assignment is to effect an exchange under Section 1035 of the Internal Revenue Code. I also understand that normal replacement rules apply.
I understand that if the company underwrites and issues a new annuity contract, the company intends to surrender the existing coverage for its cash value and that such coverage will no longer be in force as of the termination date. Upon receipt of the surrender value by the company, the proceeds will be considered part of the purchase payment for the new contract. I specifically assign my existing coverage to the company as collateral security for the amount of its cash surrender value.
I represent and warrant that no person, firm or corporation has an interest in such coverage, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned. Furthermore, I understand that by executing this Agreement, I irrevocably waive all rights, claims and demands under the above contract.
I represent and agree the company is furnishing this form and is participating in this transaction at my specific request and as an accommodation to me. I represent and agree that the Company has made no representatives concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise. The company assumes, no responsibility or liability for the validity of this assignment not the undersigned's tax treatment under Internal Revenue Code.

B. Transfer of assets (ie; non-qualified mutual funds or bank account(s), does not include 1035 exchanges).
The current type is: (check one)
 Bank Account Mutual Fund Other _____

I hereby request a liquidation of this account to effect a transfer of assets. I have completed a new application with the Company for Issuance of a new contract.

C. Transfer Qualified Retirement Account(s)
If this transfer is coming from a 403(b) or 501(c)3, please use Qualified Plan Transfer/Rollover Form 3354-NY-04.
The current type is: (check one)
 IRA Terminally Funded Annuities (DST) Corporate Retirement (including 401K)

As owner of the plan indicated above, I am terminating this account and requesting the tax-free transfer of all assets to the company as sponsor and funding agent. I have submitted an application to the company to establish an account for the plan indicated above.

Section 3: Current Information

Releasing Company Name _____ Contract Number _____ Phone Number _____

Street Address (No PO Box) _____ City _____ State _____ Zip _____

Section 4: Cost Basis Information (To be completed by Transferor carrier)

It is the responsibility of the transferring carrier to provide the following information. All transferred assets will be treated as Post-8/13/82 Principal if the transferring carrier fails to provide the following values.

Pre-8/13/82 Principal \$ _____
Pre-8/13/82 Interest Transferred \$ _____
Post-8/13/82 Principal \$ _____
Post-8/13/82 Interest Transferred \$ _____

Section 5: Letter of Acceptance (To be completed by home office)

For 1035 Exchanges Only:

The Company, as assignee, accepts this assignment and hereby requests a surrender of the above referenced contract/policy. The surrender represents a transfer of funds to the Company to qualify as a Section 1035 exchange. When the surrender is completed, please send a check payable as follows. **(please use address below)**

For All Other Transfers/Rollovers:

The Company, has received an approved application for an annuity contract of the type indicated in Section 2 above. You may consider this Letter of Acceptance by the Company. Please send the check payable as follows: **(please use the following address only)**

Chase Insurance Life Company of New York

Attn: New Business

FBO: _____

Contract Number: _____

Administrative Office

135 S. LaSalle Street, Dept. 5233, Chicago, IL 60674-5233

Senior Vice President of Client Services

Officer's Signature

Title

Service Team Representative

Phone Number

Extension

Date

Section 6 must be completed in its entirety. The issuance of an insurance contract(s) will be delayed or rejected if not completed in full.

Section 6: Replacement Questionnaire (To be completed by the Representative)

The intent of this section is to ensure the consumer is making an informed decision when considering replacement, and authorizes the purchase of any new contract(s) to be funded by using cash values of existing contracts.

The following topics must be discussed before you replace an existing policy(ies):

- Surrender charges
- Interest rates
- Differences in cash value or death benefits
- Surrender period
- Risk factors
- Investment strategies
- Tax consequences
- Guarantee period
- Early Withdrawal Charges (Certificates of Deposit, IRAs, Other Accounts)

"REPLACEMENT" is defined as: A transaction in which a new contract is to be purchased, and it is known or should be known to the proposing representative that by reason of the transaction, an existing contract has been, or is to be: lapsed, forfeited, surrendered, or partially surrendered, annuitized, assigned to the replacing insurer or otherwise terminated; or otherwise reduced in value by the use of non-forfeiture benefits or other contract values; amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid; reissued with any reduction in cash value; or used in a financial purchase. "Financial Purchase" means the purchase of a new contract involving the actual or intended use of funds obtained by the withdrawal or surrender of or by borrowing from the policy or contract values of an existing contract to pay all or part of any premium or consideration due on the new contract.

The Company's definitions of *internal* and *external* replacement are as follows: An *internal* replacement is when an existing CILCONY contract is converted or exchanged for a new CILCONY contract. An *external* replacement is when a CILCONY contract is replaced by another insurer; or a CILCONY contract replaces a contract of another issuer.

Representative's Statement

My reasons for recommending the replacement of the existing contract(s) are:

Name of Representative

CILCONY Representative #

Signature of Representative

Date

8. Special Instructions

9. Contribution Information

Initial Purchase Payment Amount \$ _____

Are you applying for scheduled periodic payments through payroll deduction? Yes No

How much will you be contributing each payroll period? _____

Gross Annual Salary \$ _____

Employer Contribution (if applicable) Dollar or Percent amount each payroll period _____

Frequency of employer contribution _____

Withdrawals and transfers from a Market Value Account that are made prior to the end of that Market Value Account are subject to a Market Value Adjustment that may increase or decrease the Contract Value.

10. Signatures

I agree that the above statements are true and correct to the best of my knowledge and belief and are made as a basis for my application.

Application made at (City) _____ (State) _____ (Date) _____

Signature of Owner (s) _____

11. Agent's Report

Does the owner have any existing life insurance or annuity policies? Yes No

Is the annuity intended to change or replace any existing life insurance or annuity? Yes No

If yes, please indicate annuity or life insurance below, enter the qualification code and submit any required replacement forms.

Life Insurance Annuity Tax Qualification Code _____

Signature of Agent _____ Daytime Phone _____

Agent Name _____ Agent Number _____

Name and Address of Firm _____

City _____ State _____ Zip _____

12. Employer Sponsored Plan Information (to be completed by agent)

Is this application for an existing Chase Insurance Life Company of New York group?

Yes **Group number** _____ **Bill number** _____

No **Please complete the Employer Information and Billing Request Form.**