

APPLICATION FOR GUARANTEED ISSUE – SENIOR

FOR INSURANCE POLICIES ISSUED FOR SMALL FACE AMOUNTS OR WITH LITTLE OR NO UNDERWRITING, THE PREMIUMS ARE OFTEN RELATIVELY EXPENSIVE IN RELATIONSHIP TO THE DEATH BENEFIT PROVIDED. FOR INSURANCE PURCHASES, AS WITH ANY OTHER TYPE OF PURCHASES, IT MAY BE TO YOUR ADVANTAGE TO COMPARE PRODUCTS AND PRICES FROM A NUMBER OF SOURCES.

1. PROPOSED INSURED

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

Address _____ Social Security # _____

City _____ County _____ State _____ Zip _____

Date of Birth ____/____/____ Male Female Telephone (____) _____

2.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Amount of Insurance \$ _____</p> <p>Mode of Premium Payment:</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> PAC</p> | <p>Dividends:</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Accumulate at Interest</p> <p><input type="checkbox"/> Reduce Premiums <input type="checkbox"/> Paid-Up Additions</p> <p>APL, if available: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Cash with Application \$</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. BENEFICIARY:

| | | |
|-------------------|----------------------|-------------------------|
| Primary: _____ | Relation-ship: _____ | Social Security # _____ |
| Contingent: _____ | Relation-ship: _____ | Social Security # _____ |

4. POLICYOWNER, IF OTHER THAN THE INSURED:

Name _____ Relationship _____

Address _____ Social Security # _____

City _____ State _____ Zip _____

5.

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Will any policy applied for replace any existing one in whole or in part? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, Company Name and Policy Number:</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I agree that: The information above is true and complete to the best of my knowledge and belief; no insurance shall take effect until a policy is issued and the first premium is received by Farmers and Traders Life Insurance Company during my lifetime; and that this application shall form a part of any policy issued.

| | | | |
|----------------------------------------|---------------|------------------------------------------------------|---------------|
| _____ Signature of Proposed Insured | _____ Date | _____ Policyowner, if other than Proposed Insured | _____ Date |
| _____ Licensed Resident Agent | _____ Date | _____ City and State of Application | |

AGENT'S STATEMENT

This Statement is Not Part of the Application

6.

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|---|---------------------------------|
| To your knowledge is the policy applied for intended to replace, in whole or in part, any policy or annuity contract in force in this or any other company? If "yes", submit required forms and explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | HOME OFFICE USE ONLY |
| Writing credit on this application shall be given to: | | | | Policy No. Assigned |
| | Agent's Name | Code | % | |
| General Agent | | | | Payment Received and Date |
| District Agent | | | | |
| Soliciting Agent | | | | |
| Soliciting Agent | | | | |

I hereby declare that this application was secured by me personally, and that the only commissions to be paid on any policy issued hereon shall be in accordance with agency contracts applicable thereto.

I further declare that the information supplied by the insured has been truly and accurately recorded on the application, and I unqualifiedly recommend the Proposed Insured for insurance.

Dated at _____ on _____

CITY & STATE MONTH DAY YEAR SIGNATURE OF AGENT

NOTE TO AGENT: Please check application carefully, and be certain that ALL questions are answered.

1. APL must be answered "yes" or "no".
2. Minimum Annual, Semi-Annual, and Quarterly premium is \$25.00.
3. Minimum Monthly premium is \$15.00.
4. Policies paid monthly, by EFT or PAC must have at least one premium that is \$15.00.
5. "Reduced Premium" is not available on EFT (or PAC).
6. If EFT (or PAC), void check must be submitted with the application and form must be completed.
7. Mode premium factors are a fraction of Annual: Semi-Annual = .51; Quarterly = .265, Monthly = .10; EFT = .086
8. Replacement questions in number 5 and 6 must always be completed.

Farmers and Traders Life Insurance Company
 960 James Street · P.O. Box 1056 · Syracuse, NY 13201-1056
 Telephone: (877) 2FT-Life · Fax: (315) 475-6612 · www.FTLife.com

USE THIS AUTHORIZATION FORM FOR PRE-AUTHORIZED CHECKING

Policy Number _____ Account Number _____

Name of Accountholder _____ Name of Policyholder _____
(Please print) (If different from Accountholder)

I hereby authorize the bank or financial organization named on the attached sample to pay my insurance premium (before the due date to assure timely processing) through monthly check or electronic account debits drawn by and payable to Farmers and Traders Life Insurance Company.

The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.

_____ Date ____/____/____ Date ____/____/____
(Accountholder, please sign here) (Other Accountholder, sign here if joint account)

WRITE "VOID" ACROSS THE FACE OF YOUR BLANK CHECK. BE SURE IT IS NOT SIGNED. STAPLE OR TAPE HERE.

17-093 PAC

CONDITIONAL RECEIPT

APPLIES TO GUARANTEED ISSUE POLICIES ONLY

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS COLLECTED

Make check payable to: Farmers and Traders Life Insurance Company, 960 James St., P.O. Box 1056, Syracuse, NY 13201-1056.

This insurance will be effective from the date on the application provided the first premium has been paid. In the event of the death of the proposed insured, the amount of insurance effective under this Conditional Receipt is limited to the modified death benefit.

This receipt is issued on the condition that any check, draft or order for payment of money is honored and collectable.

Received from _____ the sum of \$ _____ paid at the time of signing an insurance application.

The name of the Proposed Insured is:

Date ____/____/____ Signature _____ Place _____
Month Day Year Licensed Agent City & State

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17-093 CR

Rev. 07/04



A NEW YORK MUTUAL COMPANY

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 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 new Annuity Contract, has existing coverage been or is 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 existing term insurance or under another form of non-forfeiture benefit; or otherwise reduced in value by the use of non-forfeiture 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 Insurance Department of the State of New York 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 Or Broker: _____

PLEASE COMPLETE THE BACK OF THIS DOCUMENT!

Farmers and Traders Life Insurance Company
960 James Street • P.O. Box 1056 • Syracuse, New York 13201-1056
Telephone: (877) 2FT-LIFE • Fax: (315) 475-6612 • www.FTLife.com

If any of the questions on the front of this form have been answered "YES", please provide a list of all policies the applicant has in force and which ones are being replaced.

| | Company Name | Policy Number | Date Of Issue | Replaced? | |
|-----|--------------|---------------|---------------|--------------------------|--------------------------|
| | | | | Yes | No |
| 1. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |



A NEW YORK MUTUAL COMPANY

At Farmers and Traders Life Insurance Company, Your Privacy Is Important

At Farmers and Traders Life Insurance Company, we are committed to providing you with the insurance products and services you need and safeguarding the confidential, personal information that you share with us. Since we handle your information, legislation requires us to provide this description to you. This applies to all products and services provided by Farmers and Traders Life Insurance Company and companies owned or controlled by Farmers and Traders Life Insurance Company (hereafter referred to as "subsidiaries").

Our Privacy Policy: We hold all non-public, personal information provided to Farmers and Traders Life Insurance Company and its subsidiaries in strictest confidence. We will not share your non-public information with any third party, unless required by law, without your written authorization.

Our Privacy Policy applies to all applicants, policyholders, and former policyholders of Farmers and Traders Life Insurance Company and its subsidiaries.

We will provide you with a copy of our policy annually or under the following circumstances:

- If the ownership of one of our life insurance policies is changed to you.
- If you apply for reinstatement of coverage that terminated.
- If you become insured under a new policy or as an insured spouse under another policy.

Protecting Your Confidentiality: We restrict employee, subsidiary, and agent access to your personal information to only those who have a business or professional reason for knowing in order to provide you with the products or services you desire. We will share your non-public, personal information with non-affiliated third parties only as permitted by State and Federal law or with your written consent.

We maintain a secure office and computer environment to ensure that your non-public, personal information is not placed at unreasonable risk.

What Is Covered: We consider non-public, personal information to include: information about your personal finances, information about your health, information about transactions between you and third parties, and information that we receive from consumer reporting agencies.

Third-Party Requirements: For those non-affiliated third parties to whom you have provided your consent for us to share information about you, we also require strict confidence in our agreements with them and expect them to keep all information that we share with them private. We do not provide your personally-identifiable information to mailing-list vendors or solicitors for any purpose.

Record Retention: We have a record retention schedule that meets or exceeds all statutory requirements. Your personal information records will be maintained at least as long as is required by this schedule and by any statutes or laws that may be enacted relative to same. After this record retention schedule has been completed, your records will be destroyed.

We may amend this Privacy Policy from time to time as required by law. We will inform you of any changes or amendments by mailing a notice to you.

If you have any questions about our Privacy Policy or your personal information, please contact us at Farmers and Traders Life Insurance Company, 960 James Street, P.O. Box 1056, Syracuse, NY 13201-1056. Representatives in our Customer Relations Center are available to assist you and may be reached by calling our toll-free number, which is (877) 2FT-Life or (877) 238-5433.

| | | |
|-------------------------------------|-----------------------------|------------------------------------------------------------------|
| Regular Hours: | Monday – Friday | 8:30 AM – 4:30 PM Eastern Time |
| Summer Hours: (5/10/04 – 9/3/04) | Monday – Thursday Friday | 8:00 AM – 4:30 PM Eastern Time 8:00 AM – 1:00 PM Eastern Time |

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