

**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 or annuity contract, 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 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value including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?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 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: _____

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!

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.

	<u>Company Name</u>	<u>Policy Number</u>	<u>Date of Issue</u>	<u>Replaced?</u>	
				<u>Yes</u>	<u>No</u>
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"/>