



A NEW YORK MUTUAL COMPANY

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.

PART A

Name of Applicant _____ Telephone # _____

Address _____

Name of Agent _____ Telephone # _____

Company _____ Address _____

The Information on Existing Coverage on this form was obtained from:

___ The following replaced company(ies) _____

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

PART B: DESCRIPTION OF TRANSACTION:

Proposed Policy/contract:

Existing Policies/Contracts Effected:

<p>Farmers & Traders Life</p> <p>877-238-5433</p> <p>_____</p> <p>_____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>As of 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</p>	<p>1) _____</p> <p>_____</p> <p>_____</p> <p># _____</p> <p>_____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>2) _____</p> <p>_____</p> <p>_____</p> <p># _____</p> <p>_____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>3) _____</p> <p>_____</p> <p>_____</p> <p># _____</p> <p>_____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
---	---	---	---	---

ADDITIONAL INFORMATION:

IR PLAN TYPE PRODUCT NAME (SELECT ONE)
 Qualified _____
 Non-Qualified _____

PART C: SUMMARY RESULT C

The Proposed Annuity:

Surrender Value to be invested \$ _____

If you continue your Current Annuity

Current Value \$ _____

If Variable Annuity Hypothetical Rates					Surrender Value	If Variable Annuity Hypothetical Rates				
At Guaranteed Rate	At Current Rate	@ 0%	@6%	@12%		@ 0%	At Guaranteed Rate	At Current Rate	@ 0%	@6%
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Death Benefit In 5 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Yrs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.

*If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown in Part B.

*Since the fixed rate declared is subject to change at any time, the rate actually declared on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.

