

Zurich Life of NY Replacement (Reg. 60)  
TeleLife Application Kit & Instructions

Complete attached paperwork and fax to  
Zurich TeleApp at 1-888-615-9619

Questions?

Call Zurich's Help Desk at 1-866-339-2477

**Zurich Life Insurance Company of New York**

Administrative Office:

1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**Authorization To Disclose Policy Information**

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

**Zurich Life Insurance Company of New York**  
New York, New York

Administrative Office:  
1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**NOTICE OF CONVERSION PERIOD**

**Applies to Term Products Only**

The policy you are considering expires at age 80. Conversion to a permanent life insurance plan is available for a lesser period of time, called your conversion period. If your insurance needs will not have changed during your conversion period, there may be no need to convert to a permanent plan within this time. If you are interested in insurance coverage for a long period of time, then a term product with a limited conversion period may not be the appropriate product for you.

In the policy you are considering, conversion is available until the Exchange Date, but not beyond age 70, but for at least one year. Exchange Date coincides with the end of the level premium period you are considering.

**Zurich Life Insurance Company of New York**

New York, New York

Administrative Office:

1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**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: \_\_\_\_\_

**Zurich Life Insurance Company of New York**

New York, New York

Administrative Office:

1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**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: _____	\$ _____	\$ _____	\$ _____
\$ _____	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):

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

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

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**REMARKS:**

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- 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:** \_\_\_\_\_

**Zurich Life Insurance Company of New York**

New York, New York

Administrative Office:

1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**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 EFFECT 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:** \_\_\_\_\_

**Zurich Life Insurance Company of New York**  
New York, New York

Administrative Office:  
1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**NOTICE OF CONVERSION PERIOD**  
**Applies to Term Products Only**

The policy you are considering expires at age 80. Conversion to a permanent life insurance plan is available for a lesser period of time, called your conversion period. If your insurance needs will not have changed during your conversion period, there may be no need to convert to a permanent plan within this time. If you are interested in insurance coverage for a long period of time, then a term product with a limited conversion period may not be the appropriate product for you.

In the policy you are considering, conversion is available until the Exchange Date, but not beyond age 70, but for at least one year. Exchange Date coincides with the end of the level premium period you are considering.

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New York, New York

Administrative Office:  
1600 McConnor Parkway, Schaumburg, Illinois 60196-6801

**Notice of Insurance Information Practices**

**Fair Credit Reporting Act Notice**

As a part of our regular procedures, we may get a consumer report. The report will contain information about your character, general reputation, personal characteristics and mode of living. The information is obtained through interviews with your friends, neighbors, and associates. You have the right to ask for details on the nature and scope of this report. You have the right to contact the consumer reporting agency to review a copy of the report. If you write to us we will send you a written summary of your rights, and let you know: whether we have in fact obtained a report; and, if so, the name and address of the agency making the report.

**Medical Information Bureau Notice**

Information we obtain will be treated as confidential. We or our reinsurers may make a brief report to the Medical Information Bureau. The Bureau is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or submit a claim for benefits, the Bureau, upon request, will supply such company with information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange to disclose any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Fair Credit Reporting Act. The address of the Bureau's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

We or our reinsurers may also release information in our file to those other than life insurance companies to whom you may: apply for life or health insurance; or submit a claim for benefits.

**General Information Practices**

We may collect information from sources other than the individual(s) proposed for coverage. Where not prohibited by law, we may give information we have gathered to third parties without your authorization. We disclose Medical Information Bureau information only to our reinsurers. Persons who are the subject of information we collect have the right to access and correction. If you write to us we will send you a detailed description of our information practices.

**This Notice must be given to the Proposed Insured before the application is completed.**

**Zurich Life Insurance Company of New York**  
New York, New York

Administrative Office:  
1600 McConnor Parkway, Schaumburg, Illinois 60196-6801- the "Company"

File number

Print name of Proposed Insured: \_\_\_\_\_

**Conditional Receipt**          ----- *Do not give to applicant unless payment is made.* -----

In exchange for the payment of the first required premium with the application, the Company will provide insurance prior to the policy delivery, under the following terms.

No insurance will be provided under this receipt unless all requirements are first fulfilled exactly during the lifetime of the Proposed Insured. If all requirements are not so met, or the Proposed Insured dies by suicide, the liability of the Company shall be limited to a refund to the applicant of the payment made for this receipt. No agent may alter or waive any part of this receipt. This receipt provides no insurance for riders or additional benefits.

For purposes of this receipt, "initial underwriting requirements" means, as required according to the Company's published rules and practices: the first medical examination if initially required; and the second medical examination if initially required because of age or insurance amount.

**Requirements**

The following must first be fulfilled for insurance to start:

- a. initial underwriting requirements are completed in full;
- b. the first premium has been paid in full;
- c. all questions in the application have been answered;
- d. all answers given in the application are true and complete to the best of the knowledge and belief of the person(s) giving them; and
- e. the Proposed Insured is acceptable to the Company under its rules and practices, for the plan and amount applied for, without amendment, at the rate class applied for or a lesser premium, as of the date the Company's initial underwriting requirements are completed in full.

**Start of Insurance**

If the above requirements are first met, this receipt will provide insurance beginning on the latest of: the date of the application; or the date of completion of the Company's initial underwriting requirements in full.

**End of Insurance**

Once begun, any insurance this receipt may provide ends at the earliest of: 60 days after the date of the application; five days after the Company sends a refund of the premium which was exchanged for this receipt; or the date any policy issued goes into effect.

**Amount Limit**

The amount of insurance provided by this receipt is the lesser of: the Face or Specified Amount applied for in the application; or \$500,000 less all amounts of life insurance and accidental death benefits applied for and currently pending review with the Company and its affiliates.

**Payment Terms**

The first premium will not be considered paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms. **All premium checks must be made payable to the Company. Do not make checks payable to the Agent. Do not leave the payee blank.**

**Preliminary Application to Zurich Life Insurance Company of New York**

New York, New York

Administrative Office:

1600 McConnor Parkway, Schaumburg, Illinois 60196-6801 - the "Company"

File number

- OIR  Companion policy  Joint or last survivor policy

**1. Proposed Insured**

Full name \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_

Street \_\_\_\_\_

Birthplace (state or country) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_

Where can you be reached for additional information?  AM

Business \_\_\_\_\_

Home  Work Best time of day \_\_\_\_\_  PM

Driver's license state/number \_\_\_\_\_

Best days \_\_\_\_\_

Current Occupation(s) \_\_\_\_\_

Social Security number \_\_\_\_\_

**2. New insurance plan**

a. Name of insurance plan \_\_\_\_\_ b. Face/Specified Amount: \$ \_\_\_\_\_

c. Intentionally omitted.

d. Riders: \_\_\_\_\_

e. Has the Proposed Insured ever used any form of tobacco? (If Yes, complete below.)  Yes  No

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_ Last used (month/day/year): \_\_\_\_\_ Number of years used: \_\_\_\_\_

f. Rate class applied for: Complete Non-Tobacco or Tobacco.

Non-Tobacco:  Premier  Preferred  Select  Standard  Other: \_\_\_\_\_

Tobacco:  Preferred  Standard  Other: \_\_\_\_\_

g. Premium payment mode:  Annual  Semi-Annual  Quarterly  PAC  Other: \_\_\_\_\_

h. Will any existing life insurance or annuity be replaced or will values from another insurance policy or annuity (through loans, surrenders or otherwise) be used to pay premiums for the policy applied for?  Yes  No

If yes, indicate company name(s) and policy number(s): \_\_\_\_\_

i. Are you a U.S. citizen? (If No, complete below.)  Yes  No

Country of citizenship: \_\_\_\_\_ Length of time in the U.S.: \_\_\_\_\_ Do you have a permanent visa? \_\_\_\_\_

j. Have you ever been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex, or an AIDS related condition; or have you ever had or been treated for any other immune disorder, or any lymphatic, cardiovascular or chronic respiratory disorder, cancer or a tumor; or have you been advised to have surgery or a hospitalization that has not been completed? (If Yes, circle the applicable disorder(s).)  Yes  No

**3. Beneficiary information** (List name, address and relationship to Proposed Insured)

	Relationship	% of Proceeds
a. Primary:		
b. Contingent:		

**4. Owner/Applicant** (Complete only if other than Proposed Insured) (N/A for OIR)

Name \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

Street \_\_\_\_\_

Social Security or Tax ID # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Agreement**

I (we) have read all the questions and answers in this preliminary application, including all required parts and attachments. All responses are true, complete, and correctly recorded to the best of my (our) knowledge and belief. I (we) understand that this is a preliminary application and that an additional application will need to be completed and then signed by me (us). I (we) further understand that all statements and answers will be relied upon by the Company in deciding whether to approve the issuance of the insurance applied for. I (we) promise to immediately advise the Company of any change to any of the responses contained in the applications, including any change in the health or habits of the Proposed Insured, that arises or is discovered after completing the applications, but before the latest date that the Policy is delivered to me (us); is accepted by me (us); and the required first premium is paid.

I (we) agree: 1. The applications, including all of their parts and attachments, will be the basis for and form part of the Policy; 2. An agent has no authority to alter the Company's rules or requirements, this Agreement, the Receipt, or the Policy; 3. The first premium will not be deemed paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms; and 4. The Policy applied for never takes effect unless, during the lifetime of the Proposed Insured: (a) all applications required are completed and signed by me (us); (b) the Policy has been delivered to and accepted by me (us); (c) the required first premium has been paid; (d) any amendments issued with the Policy have been completed and signed; and (e) all responses contained in the applications, including all parts, attachments, and amendments are true and complete as of the latest date that the Policy: is delivered to me (us); is accepted by me (us); and the required first premium is paid.

Amendments to plan, amounts, classification or benefits will be made only with my (our) consent.

Any benefits payable under the Receipt (if any) will be determined by the terms of the Receipt.

I (we) have received the Notice of Insurance Information Practices.

I (we) hereby authorize: any physician or medical practitioner; any hospital, clinic or other medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person, that has any records or knowledge relating to my/our/the Proposed Insured's health, habits, employment, income and finances to give to the Zurich Life companies or their reinsurers, or the Medical Information Bureau, any such records or information. The Company may obtain an investigative consumer report on me (us) (the Proposed Insured). This authorization is valid for two and one-half years from the date this form is signed. An exact copy of this authorization is as valid as the original.

I (we) choose to be interviewed if an investigative consumer report is prepared.

Amount remitted with this application, in exchange for the Receipt: \$ \_\_\_\_\_ **(Do not submit money if death benefit exceeds \$500,000, including other Zurich Life applications or policy amounts, or if Question 2j. is answered "Yes.")**

Signed at (city and state): \_\_\_\_\_ on (month/day/year): \_\_\_\_\_  
If blank, address for Owner/Applicant will be applied.

\_\_\_\_\_  
Name of Proposed Insured (print) Signature of Proposed Insured, if age 15 or over

\_\_\_\_\_  
Name of Owner/Applicant (print) Signature of Owner/Applicant, if other than Proposed Insured

**Writing agent:** To the best of your knowledge, will any existing life insurance or annuity be replaced or will values from another insurance policy or annuity (through loans, surrenders or otherwise) be used to pay premiums for the policy applied for?

Yes  No

\_\_\_\_\_  
Agent number (usually SSN) Agent Name (print) Signature of Agent

If application was translated check box:  \_\_\_\_\_  
General Agent Name General Agent Number

# Our Privacy Promise

No Action Required.



We care about your privacy. We believe you have a right to know what we do with the information we gather about you in connection with the products you seek or have from Zurich Life. We also want to assure you that we are safeguarding this important information. Our privacy policy is based on the laws governing privacy and on our own high standards of protecting privacy.

## Brief Summary

- We protect your non-public personal financial information and your health information (together called "NPI").
- We do not sell your NPI.
- We do not share your NPI with companies outside of the Zurich family that would use the information to market their own products or services.

## Detailed Summary

We need NPI about you so that we can determine your insurability and offer products to meet your specific needs at a fair price. We collect NPI about you from different sources including:

- Applications or other forms you complete;
- Telephone calls with you;
- Data we collect when you visit our web sites;
- Third parties that provide NPI to us with your authorization;
- Your business dealings with us, our affiliates, and others; and
- Consumer reporting agencies; governmental agencies; health care providers; and others.

We will share your NPI only with authorized employees, representatives, affiliates, and trusted third parties whose services are required to assure the highest level of service to you.

Examples of third parties include medical exam providers, third party administrative staff, and reinsurers. We will not disclose NPI about you or about other customers or former customers, except as authorized by law, as described in this privacy statement or as otherwise communicated to you.

Your financial NPI as well as the financial NPI of other customers and former customers may also be shared with financial institutions, securities broker-dealers, and insurance producers, but only in order to make our products and services available to you.

We may also share financial NPI about you or about other customers and former customers within the Zurich family of companies in order to better serve you and offer you worthwhile products and services. These affiliates may include: life insurers; property and casualty insurers; securities broker-dealers; and insurance producers.

We may disclose NPI about you or about other customers and former customers in order to service you and to offer you worthwhile products and services. Examples include:

- NPI from your application or other forms, such as: your name; address; social security number; assets; income; and beneficiaries;
- NPI about your transactions with us, our affiliates or others, such as: your policy coverage; premiums; and payment history;
- Health information; and
- Information from consumer reporting agencies, such as your credit history.

*Important Note: Your health NPI and credit history will not be shared with our affiliates or third parties that would use the information to market their own products or services. The law allows us to share your financial information with our affiliates to market products or services to you. You cannot prevent those disclosures.*

Disclosures of NPI are also permitted without your authorization for some purposes. These may include:

- To insurance companies, agents, support organizations, and others to: perform marketing or services on our behalf; or to detect or prevent criminal activity, fraud, or material non-disclosure in connection with insurance transactions;

# Our Privacy Promise *continued*

- To an insurance regulatory agency;
- To a law enforcement or other governmental agency pursuant to law;
- As otherwise permitted or required by law;
- In response to a facially valid administrative or judicial order, including a subpoena;
- As part of a proposed or consummated sale, transfer, merger, or consolidation of all or part of the business;
- To an affiliate as described above;
- To a customer or policyowner; or
- To an assignee of a policy under the terms of the assignment.

You have the right to view and correct any NPI we may collect about you. If you believe any of the information we have collected about you is wrong, we would welcome your help in making corrections. Please contact us as shown below if you wish to view or correct this information.

Please be aware that information obtained from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other persons.

We will protect your NPI. We will restrict access to your NPI by maintaining physical, electronic, and procedural safe-

guards. The only employees who are authorized to access your NPI are those who need to have it to provide products or services to you.

This policy statement may be changed at any time. We will notify you if we make any changes in this policy statement which broaden when we may share your NPI.

Above all, we value your trust and your confidence in our ability to manage and protect your important personal information. You have our word that we will protect your information as if it were our own.

If we provide more than one financial product or service to you, you may receive more than one privacy statement from us. We do this in order to ensure that you receive a notice of our privacy practices.

If you have questions or concerns about our privacy policy or would like a more detailed explanation of our privacy practices, please contact us through any of the ways listed below. Please include your name and policy number when contacting us.

**You may request more information at [www.zurichlifeus.com](http://www.zurichlifeus.com) or by contacting us at:**

Zurich Life  
Attention: Privacy/Corporate Communications  
1600 McConnor Parkway  
Schaumburg, IL 60196-6801.

*Federal Kemper Life Assurance Company, Kemper Investors Life Insurance Company, Fidelity Life Association a Mutual Legal Reserve Company, Zurich Life Insurance Company of America, Zurich Life Insurance Company of New York, Zurich Direct, Inc., Zurich Direct Insurance Agency, Inc. of Massachusetts, Investors Brokerage Services, Inc., Investors Brokerage Services Insurance Agency, Investors Brokerage Services Insurance Agency of Ohio, Investors Brokerage Services Agency of Texas, and PMG Securities Corporation. Copyright © 2003 Zurich Life. All rights reserved.*

