



Mailing Address:  
Des Moines, IA 50392-0001  
For Annuities: 1-800-852-4450

Principal Life  
Insurance Company

New York  
Client Authorization

Section 1 - Insurer / Other Company Information

Other Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Company Phone Number: \_\_\_\_\_ Company Fax Number: \_\_\_\_\_

Section 2 - Existing Contract Information

Policy/Contract \_\_\_\_\_  
Policy/Contract Type:  Annuity  Life  Annuity  Life  
Owner Name: \_\_\_\_\_  
Owner Date of Birth: \_\_\_\_\_  
Owner Taxpayer ID: \_\_\_\_\_  
Insured/Annuitant Name: \_\_\_\_\_  
Estimated Transfer  Full Transfer  Partial Transfer  Full Transfer  Partial Transfer

Section 3 - Marketer / Agent Information

Marketer Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address: NESTEGG BUILDERS CORP. 2424 ROUTE 52 STE# 2 HOPEWELL JUNCTION, NY 12533  
Street City State Zip  
Phone Number: 800-509-0661 Fax Number: 845-592-4067

Section 4 - Principal Life Annuity Product Information

Flexible Premium Deferred Annuity Plus <input type="checkbox"/> 1 Yr <input type="checkbox"/> 5 Yr <input type="checkbox"/> 7 Yr <input type="checkbox"/> Other _____	Principal Guaranteed Fixed Annuity <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> 5 Yr <input type="checkbox"/> Principal Select Series Annuity _____ Yr	Principal Secure Fixed Annuity <input type="checkbox"/> 4 Yr <input type="checkbox"/> 6 Yr
<input type="checkbox"/> Income Annuity (Please fill out the information below.) Owner's Name: _____ Owner's Date of Birth: _____ Annuitant's Name: _____ Annuitant's Date of Birth: _____ Annuity Income Payment Option: _____ Payment Frequency: _____ Start Date: _____		

Section 5 - Client Authorization

Other Company: The policies/contract listed above may be replaced. The policy/contract owner authorizes the release of policy/contract information from your company to complete the enclosed Disclosure Statement. Please indicate on the Disclosure Statement the date you received this request, and return the completed Disclosure Statement to Principal Life (address below) within 20 days of receipt as required by New York Regulation 60.

Principal Financial Group  
Attn: RIS Annuity Services T-10-W40  
711 High Street  
Des Moines, IA 50392-1770  
Fax Attn: NB Reg 60 Team 1-866-894-2093

Owner's / Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If signed by a Power of Attorney (POA) please provide the Power of Attorney documents.



Mailing Address: Principal Life Insurance Company | New York Annuity Disclosure Statement  
 Des Moines, IA 50392-0001 | Insurance Company  
 For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

**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, broker 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(s) \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

The Information On Existing Coverage On This Form Was Obtained From:

- The following replaced company(ies): \_\_\_\_\_
- Approximations if the following replaced company(ies) failed to provide information in the prescribed time: \_\_\_\_\_

**PART B**  
**DESCRIPTION OF TRANSACTION:**

The Proposed Annuity Contract

1 \_\_\_\_\_ Company Name  
 2 \_\_\_\_\_ Customer Service Phone No.  
 3 XXXXXXXX Annuity Contract No.  
 4 \_\_\_\_\_ Type of Annuity  
 5 XXXXXXXX Annuity Issue Date  
 6 \_\_\_\_\_% Current Crediting Rate (If Applicable)  
 7 \_\_\_\_\_% Guaranteed Rate (If Applicable)  
 8 \$ \_\_\_\_\_ Account Value  
 9 N/A Minus Surrender Charge (If Any)  
 10 N/A Plus/Minus Market Value Adjustment (If Any)  
 11 N/A Equals Surrender Value

Existing Annuity Contracts Affected

(1) (2) (3)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_% \_\_\_\_\_%  
 \_\_\_\_\_% \_\_\_\_\_%  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 As of Date As of Date As of Date  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Additional Information:

IRS Plan Type (Check Box) Product Name (Select One)

Qualified or \_\_\_\_\_

Non-Qualified \_\_\_\_\_

**PART C**

**SUMMARY RESULT COMPARISON:\***

**THE PROPOSED ANNUITY**

1 Surrender Value to be Invested: \$ \_\_\_\_\_

Hypothetical Rates of Return

If Fixed Annuity  If Variable Annuity

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

3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
6	\$	\$	\$	\$

**DEATH BENEFIT**

7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$

\* 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 in effect 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.

**IF YOU CONTINUE YOUR EXISTING ANNUITY(IES)\*\***

2 Current Value: \$ \_\_\_\_\_

Hypothetical Rates of Return

If Fixed Annuity  If Variable Annuity

At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%
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3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
6	\$	\$	\$	\$

**PART D**  
**AGENT/BROKER'S STATEMENT:**

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

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

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

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4. The surrender charge, if my client replaces his or her existing annuity contract, is \_\_\_\_\_ % or \$ \_\_\_\_\_.

5. 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.)

Year:	1	2	3	4	5	6	7	
	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Explain, if necessary:

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Remarks:

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**PART D**  
**AGENT/BROKER'S STATEMENT (CONTINUED):**

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

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 second page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison of all existing annuity contracts to all proposed annuity contracts shall be completed. 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 or Broker: \_\_\_\_\_

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: \_\_\_\_\_



Mailing Address: **Principal Life** | **New York**  
 P.O. Box 10431 | **Insurance Company** | **Life Disclosure Statement**  
 Des Moines, IA 50306-0431  
 For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

**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 LIFE INSURANCE POLICY OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING AGENT, BROKER 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(s) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

The Information On Existing Coverage On This Form Was Obtained From:

- The following replaced company(ies): \_\_\_\_\_
- Approximations if the following replaced company(ies) failed to provide information in the prescribed time: \_\_\_\_\_

**DISCLOSURE STATEMENT CONTINUED:**

**1. DESCRIPTION OF TRANSACTION:**

Proposed Policy / Contract	(1) As of _____	(2) Existing Policies / Contracts Affected As of _____	(3) As of _____
Company Name	_____	_____	_____
Customer Service	_____	_____	_____
Phone Number:	_____	_____	_____
Contract Number	# _____	# _____	# _____
Issue Date	_____	_____	_____
Type of Insurance	_____	_____	_____
Base Policy	_____	_____	_____
Face Amount	\$ _____	\$ _____	\$ _____
Rider	_____	_____	_____
Rider	_____	_____	_____
Rider	_____	_____	_____
Rider	_____	_____	_____
Rider	_____	_____	_____
Total Annualized	_____	_____	_____
Premium	\$ _____	\$ _____	\$ _____
Current	\$ _____	\$ _____	\$ _____
Surrender Charge	_____	_____	_____
Guaranteed	_____	_____	_____
Interest Rate	_____ %	_____ %	_____ %
Current Loan	_____	_____	_____
Interest Rate	_____ %	_____ %	_____ %
Current Loan Balance	_____	_____	_____
Contestable Expiry Date	_____	_____	_____
Suicide Expiry Date	_____	_____	_____

3.

**DISCLOSURE STATEMENT CONTINUED:**

Existing coverage to be changed by:	(1)	(2)	(3)
Lapse or Surrender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment or Reissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Benefit			
Reduction To		\$	\$
Reduced Paid-Up For		\$	\$
Extended Term to			
Other			
Cash released by change	\$	\$	\$
Use of cash released:			

**2. SUMMARY RESULT COMPARISON:**

Proposed With Existing Coverage Changed	Existing Coverage	
	Guaranteed	Non-Guaranteed
Annualized Premium	\$	\$
Current Year	\$	\$
5 Years Hence	\$	\$
10 Years Hence	\$	\$
Surrender Value	\$	\$
End of 1 <sup>st</sup> Year	\$	\$
5 Years Hence	\$	\$
10 Years Hence	\$	\$
Death Benefit	\$	\$
End of 1 <sup>st</sup> Year	\$	\$
5 Years Hence	\$	\$
10 Years Hence	\$	\$
Dividends	\$	\$
End of 1 <sup>st</sup> Year	\$	\$
5 Years Hence	\$	\$
10 Years Hence	\$	\$

4.

**DISCLOSURE STATEMENT CONTINUED:**

**AGENT/BROKER'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.

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 or annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed of all existing life insurance policies or annuity contracts to all proposed life insurance policies or 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 or Broker: \_\_\_\_\_

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: \_\_\_\_\_



Mailing Address:  
P.O. Box 10431  
Des Moines, IA 50306-0431  
For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

Principal Life  
Insurance Company | New York  
Important Notice

## 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 OR BROKER 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 OR BROKER 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 the 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 OF 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



Mailing Address:

P.O. Box 10431  
Des Moines, IA 50306-0431

Principal Life  
Insurance Company

New York  
Definition of Replacement

For Life: 1-800-247-9988; For Annuities: 1-800-852-4450

**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 A 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 EXTENDED 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

\_\_\_\_\_  
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