

SBLI USA LIFE INSURANCE COMPANY, INC.

INDIVIDUAL FIXED / INDEXED ANNUITY APPLICATION

100 W. 33rd Street, Suite 1007, Nev				e: 1-877-SBLI-USA/		we	bsite: www.sbliusa.com
Last Name	1. PRC		D OWNER IN Name	FORMATION (indi	MI	Phone Day:	e Number for Contact
Social Security Number		Sex	Date of Birt	h State of Birth	Country of Birt	h Eveni	ng:
Mailing Address (Number, Street,	Apt #)			City		Best 7	<u>Fime To Call</u> Zip Code
Maning Address (Munder, Street,	, Apt. #)			City	,	State	Zip Code
Driver's License State and Number	er		E-Mail A	ddress	-		es citizen or legal
					*	resident	? 🗆 Yes 🗖 No
Last Name 2.	JOINT OW	/NER I First	NFORMATION Name	N (nonqualified an	nuities only) MI	Social	Security # or Tax ID #
Address (Number, Street, Apt. #)				City	Sta	ite	Zip Code
Date of Birth			Relationship	to Owner	Te	elephone	Number
E-Mail Address				Are yo	ou a United States	citizen (or legal
				-	manent resident?		No
		IER IN	FORMATION	(if Owner is a Rev	ocable Living		
Name						Date	of Trust (mm/dd/yyyy)
Address (Number, Street, Apt. #)				City	Sta	ite	Zip Code
Tax ID Number					E-Mail Add	ress	
Name of Trustee(s) (if Trust is N	amed)						
Please submit the first and sign	ature pages	of the	trust document	t, and the completed	l Trust Acknowle	dgment.	
	4. ANN			ON (if other than	· ·		
Last Name		First	Name		MI	Social	Security # or Tax ID #
Address (Number, Street, Apt. #)				City	Sta	ite	Zip Code
Date of Birth			Relationship	to Owner	Te	elephone	Number
E-Mail Address				Are yo	u a United States	citizen	or legal
				•	manent resident?		-
	Contin or		ENEFICIARY	INFORMATION		Casial	Committee # on Tory ID #
Beneficiary Name 🗖 Primary	Continge	ent				Social	l Security # or Tax ID #
Address (Number, Street, Apt. #)				City		State	Zip Code
Date of Birth	Relati	onship	to Owner	Percent of Pro-	ceeds	Telepl	hone Number

Beneficiary Name DPrimary	5. BENEFICIARY INF		ieu)	Social Security	y # or Tax ID #
Address (Number, Street, Apt. #)		City	St	ate	Zip Code
Date of Birth	Relationship to Owner	Percent of Proc	ceeds	Telephone Nu	mber
Beneficiary Name 🛛 Primary	Contingent			Social Securit	y # or Tax ID #
Address (Number, Street, Apt. #)		City	St	ate	Zip Code
Date of Birth	Relationship to Owner	Percent of Pro	ceeds	Telephone Nu	mber
Please attach another page for add	itional beneficiary information. Th	e Percent of Proceeds for	or each type of ben	eficiary must eq	jual 100%.
		NT INFORMATION			
1. Is there any life insurance or a	•	•	•		Yes 🛛 No
2. Is the annuity applied for inter or any other company?	nded to replace or change any life	•			Yes 🛛 No
3. Are any other life insurance of					
List all current or pending life	insurance or annuity coverage be	elow.			
Annuitant's / Insured's Name	Company	Owner		Face Amount/ Account Value	Year Issued
			🗆 Yes 🗖 No		
			🗆 Yes 🗖 No		
			🗆 Yes 🗖 No		
	7. ANNUITY	APPLIED FOR			
Withdrawal Charge Period:		[5 Year		🗖 7 Year
Initial Investment Allocation:					
					%
Annual Performance Triggered	Indexed Account:				%
Annual Performance Triggered 1-Year Point-to-Point Indexed	Indexed Account: Account:				%
Annual Performance Triggered 1-Year Point-to-Point Indexed Percentage allocations must b	Indexed Account: Account: be in whole numbers and total A	100%.			%
Annual Performance Triggered 1-Year Point-to-Point Indexed	Indexed Account: Account: be in whole numbers and total A	100%.		\$	%
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must b</i> Single Premium or estimated Tr	Indexed Account: Account: be in whole numbers and total fa ansfer/Rollover/1035 Exchange:	100%. over*		\$10:	%
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must l</i> Single Premium or estimated Tr Transfer	Indexed Account: Account: be in whole numbers and total A ansfer/Rollover/1035 Exchange: Roll	00%. 		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	Indexed Account: Account: be in whole numbers and total A ansfer/Rollover/1035 Exchange: Roll	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Nonqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Nonqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Nonqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Nonqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Monqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Monqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Monqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange
Annual Performance Triggered 1-Year Point-to-Point Indexed <i>Percentage allocations must le</i> Single Premium or estimated Tr Transfer Product Market:	I Indexed Account: Account: be in whole numbers and total f ansfer/Rollover/1035 Exchange: Roll Roll Monqualified ed within 60 days of distribute	00%. over* IRA on.		\$10:	% % 35 Exchange

9. DECLARATIONS

On behalf of myself and any person who may claim any interest under the Contract, I represent that all statements set forth above are full, complete and true as written and correctly recorded to the best of my knowledge and belief. I understand that a copy of this application will be attached and made a part of the Contract when issued, and that I will be bound by the provisions and entitled to the rights and privileges of the Contract. I have received a copy of the Company disclosure material.

I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue and the Index is not set until the effective Contract Issue date.

I believe this product is suitable for my financial goals.

By my signature below, I certify under penalties of perjury that my Social Security Number (Taxpayer Identification Number) provided is correct and I am not subject to back-up withholding.

~.

_ on _

Signed by the Owner at ____

	City, State		Date	
X				
Signature of Owner and title* if ap	pplicable			
Signed by the Joint Owner at		on		
	City, State		Date	
XSignature of Joint Owner, if app	licable			
Signed by the Proposed Annuitant at	City, State	on	Date	
X	er than Owner			

Signature of **Proposed Annuitant**, if other than Owner

* Title required if Owner is a Trust

10. AGENT CERTIFICATION

1.	To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the
	proposed annuitant's life? \Box Yes \Box No
2.	To the best of your knowledge and belief, replacement is or may be involved in this transaction 🗆 Yes 📮 No

If "Yes" to either of these questions, complete any required replacement forms.

I informed the client that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue and the Index is not set until the effective Contract Issue date.

I believe this product is suitable based on the information provided by the Owner/Applicant regarding his/her insurance needs and financial objecttives.

I certify that the above statements and responses are true and accurate.

Agent Number	E-Mail Address of Agent
Print Agent's Name	XAgent's Signature
Telephone Number of Agent	Date
General Agency Name	General Agency Number
FOR SBLIUS	SE ONLY
MK Code	Sales Number
General Agency Name	General Agency Number



SBLI USA LIFE INSURANCE COMPANY, INC.

SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA/1-877-725-4872 website: www.sbliusa.com PREMIUM RECEIPT (Please detach and leave with applicant)

Annuitant

\$_

Amount Received

Type of Annuity Applied For

Date of Receipt

The amount shown above is to be applied as payment on the annuity applied for. The receipt shall be void if it is given for a payment which is not honored upon presentation.

The contract will not be effective until after the full premium is received by SBLI USA Life Insurance Company, Inc.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SBLI USA LIFE INSURANCE COMPANY, INC. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

X

Signature of Agent



SBLI USA LIFE INSURANCE COMPANY, INC.

ANNUITY SUITABILITY PROFILE

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914

-2914 Toll Free: 1-877-SBLI-USA / 1-877-725-4872

website: www.sbliusa.com

SBLI USA Life Insurance Company, Inc. (SBLI USA) requires that your licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. SBLI USA uses the information below to assist in validating whether the annuity purchase is suitable for you. The information you share will remain confidential and is not used for any other purpose than to determine the suitability of your purchase. This evaluation is for your benefit, and you are encouraged to provide complete and accurate responses. This form must be completed, signed, and dated so we can consider your application. **Incomplete forms will delay processing.**

This form should be completed with the contract owner's information.

		1. OWNER	
Last Name	First Name	MI	Social Security Number/Tax ID
Occupation (If retin	red, please note former occupation)	Date of Birth	Trust?
* If Yes, please con	nplete Section 4 and a Certification and A	Acknowledgement of Trust Agreem	ent.
		JOINT OWNER	
Last Name	First Name	MI	Social Security Number/Tax ID
Occupation (If retin	red, please note former occupation)	Date of Birth	Relationship to Owner
	3. ANNUITA	NT (if other than Owner)	
Last Name	First Name	MI	Social Security Number/Tax ID
	4 TRUST (list name	of person representing the Tr	()(st)
Last Name	First Name	MI	
	5. PRODUCT	SELECTION (select one)	
Single Premium De	ferred Annuity		
Select Choice 1	- SPDA		
Select Choice 2	- SPDA with Return of Premium (ROP)		
	- SPDA with Penalty Free Withdrawal O	•	
	- SPDA with ROP and Penalty Free With	-	
Guarantee Period:	□ 3 Year	5 Ye	ear
Individual Fixed / I	ndexed Annuity		
□ Safe Solution [®]	5		
□ Safe Solution [®]	7		
	6. PREI	MIUM INFORMATION	
Actual or estimated	l total premium amount?		\$
Qualified Line of B	Business (IRA, SEP, etc.)?		Yes 🗅 No
What is the source	of funds for the purchase of this annuity?	(Check all that apply)	
Annuity	Certificate of Deposit (CD)	Savings/Checking/Money Mark	ket Stocks/Bonds/Mutual Funds
Life Insurance	Reverse Mortgage	Home Equity Loan	Cther
What is the total cor	ntract value of the annuities you currently of	own (amount excludes this annuity bein	ng purchased)? \$
I do not own any	y other annuities.		

7. REPLACEMENTS

Complete Section 7 - Replacements if this transaction is a replacement. If this is NOT a replacement, please skip to Section 8 - Financial Information

Life Insurance to Annuity Replacement

Are you replacing your life insurance policy (ies) because this and	nuity being purchased is better suited for your current
financial goals?	Yes No N/A (not a life insurance replacement)

Annuity to Annuity Replacement

Excluding this replacement, have you had any other annuity exchange or replacement within the past 36 months?.......... 🗆 Yes 📮 No

COMPLETE TABLE IF THIS IS AN ANNUITY-TO-ANNUITY REPLACEMENT

Please complete this section in its entirety. If requested information is unknown, please contact your current annuity company. If information is not applicable, please fill in "not applicable" or "N/A".

If replacing more than one contract, please completely fill in the information for each replacement. If replacing more than three contracts, complete additional charts, and the owner(s) and agent(s) should sign and date the additional paperwork.

Current Annuity Contract Information	Existing Contract #1	Existing Contract #2	Existing Contract #3
Annuity Type (Fixed Deferred, Index Deferred, Variable)			
Insurer Name for Existing Contract			
Current Contract Surrender Value	\$	\$	\$
Surrender Charge or Early Withdrawal Charge (if charge is indicated, explanation is required under item c below)	\$	\$	\$
Optional Living Benefit	🗖 Yes 🗖 No	🗖 Yes 🗖 No	🗖 Yes 🗖 No
Guaranteed Minimum Interest Rate (provide only for fixed deferred annuity replacement)	% or 🗅 N/A	% or 🗖 N/A	% or 🗖 N/A
Death Benefit Value	\$	\$	\$
Market Value Adjustment (MVA)	🗆 Yes 🗖 No	🗆 Yes 🗖 No	🗆 Yes 🗖 No
Estimated MVA amount that will apply (if none, list \$0). Indicate if positive (+) or negative (-).	\$ - +	\$ - +	\$

If a surrender charge is indicated above, please explain why you feel it is more beneficial to replace now versus waiting for the surrender schedule to expire.

		8. FINANCIAL INFORMATIC	DN	
A.	What is your total annual household p	re-tax income (provide annual gross an	nount)?	\$
B.	Please identify the source(s) of your he	ousehold income (check all that apply):		
	Employment/Self Employment	Pension/Retirement Benefits	Social Security	□ Investments
	Annuity	Reverse Mortgage	• Other	
C.		sehold living expenses (including hous		\$
D.		hdrawing from this annuity or income a vailable cash or other sources of income	e for emergencies?	🛛 Yes 🖾 No
E.	What is the approximate total value of	your household's liquid assets, after the	e purchase of this annuity?.	\$
	Liquid assets are those that readily con	vert to cash without withdrawal charges	s or penalties.	
	Examples: checking, savings, money n	narket accounts, brokerage accounts, sto	ocks, mutual funds, etc.	
	Do not include the premium used to pu	rchase this annuity in your liquid assets	5.	
F.		et worth, excluding your primary reside		\$
	Exclude all assets you included above	urchase of this annuity), retirement acco		e).
G.	What is your federal income tax brack	et?	1 5 - 28%	Greater than 28%
H.	Which financial, insurance, and invest	ment products have you owned and/or	currently own? (check all t	that apply)
	□ None	CDs	□ Stocks	Life Insurance
	Bonds	Mutual Funds	Annuities	
I.	What are your financial goals for purc	hasing this annuity? (check all that app	ly)	
	□ Immediate Income	□ Future Income	Tax Savings	Asset Growth
	□ Safety of Principal	Education Planning	Estate Planning	Other
J.	Do you anticipate making partial with	drawals during the annuity's surrender	charge period?	🛛 Yes 🗖 No
	If Yes, please explain:			
K.	Examples of withdrawals that may not equal periodic payments made over yo Please consult your tax advisor if you h tax penalty.	vals prior to age 59½ that would subject incur a tax penalty include, but are not ur life or life expectancy, or payments ta nave any questions about whether any a	limited to, a series of subst aken if you have a qualifyin nticipated withdrawals will	tantially ng disability. l result in a
	II res, please explain:			
L.	What is your risk profile with respect	to the purchase of this annuity? (check	all that apply)	
		small returns than risk losing money. her returns over time and can withstand an nieve high returns over time and I can e		
М.	I understand that if I surrender the con Company will apply an MVA and ded	tract or make a partial withdrawal with uct a withdrawal charge in accordance w		
N.	Is this annuity being purchased is base	d on the recommendation of my agent?		🛛 Yes 🖵 No

9. OWNER'S / JOINT OWNER'S ACKNOWLEDGEMENT

The proposed owner(s) must date and check one box, as well as provide their signature(s) below.

□ To the best of my knowledge, the information provided in this questionnaire is accurate and complete. I understand that an annuity is a long-term investment, and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and withdrawal charges with me. I believe that the SBLI USA annuity contract is suitable for my financial circumstances and I acknowledge receipt of the appropriate annuity product brochure. I wish to proceed with the transaction at this time.

OR

I choose not to provide information related to my financial status, situation or needs. I understand that, by doing so, my agent will be unable to assist me in determining if this transaction is suitable. However, I believe that the SBLI USA annuity contract is suitable for my financial circumstances. I also acknowledge receipt of the appropriate annuity product brochure. I understand that an annuity is a long-term investment and my agent has reviewed the features and benefits of this annuity as well as any applicable fees and withdrawal charges with me. I wish to proceed with the transaction at this time.

Owner / Applicant Signature		Date			
Joint Owner / Ap	plicant Signature	Date			
	10. PRODUCER / REPRESENT	ATIVE'S STATEMENT			
Completed by the Agent					
Advantages of purchasing the p	roposed annuity: (check all that apply)				
Guarantees	□ Immediate Income	Lower Risk	More Stability		
□ Safety of Principal	Living Benefit Rider	Income Benefit Rider	Reduced Fee		
Other (please explain)					
Disadvantages of purchasing th	e proposed annuity: (check all that apply)				
Surrender Period/Length	Surrender Charges	Chance for Less Gain than C	urrent Product		
Loss of Death Benefit	Replacement/Transfer Penalty	□ Other (please explain)			

Based on the facts disclosed by the proposed owner, I have reasonable grounds to believe that the recommendation for the proposed owner to purchase, replace or exchange an annuity, is suitable. Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity recommendation for the number of years required by state laws or regulations.

OR

Although I have inquired about the proposed owner's financial information, needs and objectives, I was unable to collect the necessary information to make a recommendation.

OR

□ I do not have a reasonable basis to believe this transaction is suitable for the proposed owner at this time.

The basis for my recommendation to purchase the proposed annuity or to replace or exchange an existing annuity contract or life policy:

Agent's Name (Print)

Broker / Dealer, Firm or Affiliation

Agent's Signature

Date



Safe Solution[®] Annuity Disclosure Statement

The Initial Fixed Interest Rate, current Specified Rate and current Index Cap Rate are subject to change from the rates shown below unless we receive the full premium prior to the next contract issue date. Contract issue dates are currently the 1st and 15th of each month.

Initial Fixed Interest Rate (Fixed Indexed Account): %

S&P 500®	Performance Triggered Indexed Account			Point-to-Point Indexed Account				
Indexed	Base	Index	Specified	Index	Base	Index	Index	Index
Interest	Interest	Participation	Rate	Rate	Interest	Participation	Сар	Rate
Options	Rate	Rate		Floor	Rate	Rate	Rate	Floor
Current	1.00%	100%	%	0%	1.00%	100%	%	0%
Guaranteed	1.00%	100%	0.25%	0%	1.00%	100%	1.00%	0%

Thank you for your interest in the Safe Solution annuity from SBLI USA Life Insurance Company, Inc. This disclosure contains a summary of the features of the annuity that are important to consider before you make a purchase. Once you have read this disclosure carefully, please keep a copy for your records and return a copy to us with your application.

Safe Solution (Form No. FIAPSENY16) is a single premium deferred annuity. Amounts accumulated in the annuity are not subject to federal and state income tax until funds are withdrawn or distributed as income. Annuities owned by certain trusts or corporate entities may not enjoy this tax-deferral feature. You can use the annuity to save for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals.

Safe Solution is an indexed annuity. Amounts allocated to the Fixed Interest Account are credited with fixed interest daily throughout the policy year. For amounts allocated to two indexed account options, interest is credited based on a formula that considers changes in the value of an external equity index but does not participate directly in any stock or equity investment. The amount of indexed interest credited to your account, if any, depends on the performance of the S&P 500[®] - a widely used market-value weighted price index which reflects capital growth only and excludes dividends paid on its stocks.¹ Since you're not earning dividends on the S&P 500[®], you won't earn as much as if you invested directly in the market. The S&P 500[®] average dividend rate over the last ten years (2006 to 2015) has been 2.02%.

SECTION I – THE ANNUITY CONTRACT

Annuities have guarantees regarding premium paid, interest credited, death benefit and income amounts which make them different from other savings vehicles.

How will the value of my annuity grow?

Your annuity grows by earning interest. The Accumulation Value of your annuity at any time during the accumulation period will equal the single premium paid (net of any applicable state premium taxes), plus credited interest, minus any partial withdrawals taken (including any Withdrawal Charges assessed).

¹ "S&P 500[®]" is a trademark of Standard & Poor's Financial Services LLC, a division of S&P Global and has been licensed for use by SBLI USA Life Insurance Company, Inc. SBLI's products are not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of purchasing this product. S-DISSSAENY17 Page 1 of 6 5/2017

How is interest calculated and credited?

Your annuity will earn interest based upon the allocation of your net premium to one or more of three distinct types of accounts:

- Fixed Interest Account
- S&P 500[®] Annual Performance Triggered Index Account
- S&P 500[®] 1-Year Point-to-Point Indexed Account

You may allocate your net premiums to any combination of the accounts. The initial allocation is selected at the time of application. Allocations must be in whole percentages.

Fixed Interest Account:

The Fixed Interest Account is the same as any fixed interest annuity. It earns interest daily at the **Fixed Interest Rate**. Your annuity contract will have an initial Fixed Interest Rate for the initial Fixed Interest Rate Guarantee Period. After the initial guarantee period, we will declare a Fixed Interest Rate for subsequent guarantee periods of one year each. These may be higher or lower than the initial Fixed Interest Rate but will not be lower than the Guaranteed Minimum Interest Rate. **The Guaranteed Minimum Interest Rate is 1%**.

Indexed Accounts:

For the indexed accounts, interest is credited at the end of each indexed term and will equal A + B:

A = The amount of interest credited at the **Base Interest Rate** for each contract year, credited daily.

B = The **Indexed Credit Percentage** times the Indexed Account Value at the beginning of the indexed term less any partial withdrawals, Withdrawal Charges on any partial withdrawals and state premium taxes deducted during the indexed term.

The Base Interest Rate shown in the table above will be apply for the first contract year. The Base Interest Rate for subsequent indexed terms of consecutive one-year periods will be declared by the Company each year. This may be more or less than the initial Base Interest Rate but will never be less than the Guaranteed Minimum Interest Rate.

For the Annual Performance Triggered Indexed Account, the Indexed Credit Percentage is based on the relative closing value of the S&P 500[®] at the beginning of the indexed term and the ending of the indexed term (the Index Value). If the Index Value at the end of the indexed term is equal to or greater than the Index Value at the beginning of the indexed term, the Index Credit Percentage for that term equals the **Specified Rate**. If the Index Value at the end of the indexed term is less than the Index Account Value at the beginning of the indexed term, the Indexed term is less than the Index Account Value at the beginning of the indexed term, the Indexed Credit Percentage for that term is 0%. The Specified Rate for the initial indexed term is shown in the table above. The Specified Rate for subsequent indexed terms will be declared by the company at its discretion prior to the beginning of each indexed term. Such rates will be disclosed to you in writing prior to the start of each new indexed term. Subsequent Specified Rates may be lower or higher than the initial Specified Rate but will never be less than the **Guaranteed Minimum Specified Rate**, which is **0.25%**.

For the 1-Year Point-to-Point Indexed Account, the Indexed Credit Percentage equals the lesser of (a) the **Indexed Growth Percentage** for the indexed term, or (b) the **Indexed Interest Cap**, if any, for the indexed term. The Indexed Growth Percentage equals the percentage increase, if any, in the Index Value at the end of the indexed term over the Index Value as of the beginning of the indexed term. The Indexed Interest Cap is the maximum Indexed Credit Percentage that can be credited to the Indexed

Account Value for an indexed term for which it is declared. The Indexed Interest Cap for the initial indexed term is shown in the table above. The Company will declare an Indexed Interest Cap for each subsequent indexed term at its discretion. It can be higher or lower than the initial Indexed Interest Cap but will never be less than the **Guaranteed Minimum Indexed Interest Cap**, which is **1.00%**. Subsequent Indexed Interest Caps will be disclosed to you in writing prior to the start of a new indexed term.

Annual Performance Triggered Indexed Account Examples:

The following hypothetical examples are intended to show how the Annual Performance Triggered Indexed Account works; they are not intended to show actual specified rate or index performance, which could be higher or lower.

- The Base Interest Rate is credited daily.
- The Indexed Credit Percentage is based on the Specified Rate and the beginning and end S&P 500[®] Index Values and is credited at the end of the indexed term.
- These examples assume no prior withdrawals.

Example 1:

Year 1			
Base Interest Rate of 1.0%	Specified Rate 5%		Overall Crediting
			Rate
(Compounded daily)	Starting Index Value	1,000	
	Ending Index Value	1,100	
Total Base Interest Rate 1.0%	+ Total Indexed Credit	5%	=5.0%

Results: Because the S&P 500[®] Index Value on the last day of the indexed term is <u>higher than</u> the Index Value on the first day of the indexed term, the 5% specified rate is credited to the account.

Total Base Interest Rate 1.0%	+ Total Indexed Credit	3.5%	=3.5%
	Ending Index Value	1,100	
(Compounded daily)	Starting Index Value	1,100	
			Rate
Base Interest Rate of 1.0%	Specified Rate 3.5%		Overall Crediting

Results: For year 2, the Specified Rate was declared to be 3.5%. Because the S&P 500[®] Index Value on the last day of the indexed term is <u>the same</u> as the Index Value on the first day of the indexed term, the 3.5% specified rate is credited to the account.

Example 2:

Base Interest Rate of 1.0%	Specified Rate 5%		Overall Crediting Rate
(Compounded daily)	Starting Index Value	1,000	
	Ending Index Value	950	
Total Base Interest Rate 1.0%	+ Total Indexed Credit	0%	=1.0%

Results: Because the Index Value on the last day of the indexed term is <u>less than</u> the Index Value on the first day of the indexed term, the 5% specified rate is <u>not</u> credited to the account.

1-Year Point-to-Point Indexed Account Examples:

The following are hypothetical examples intended to show how the 1-Year Point-to-Point Indexed Account works; they are not intended to show actual specified rate or index performance, which could be higher or lower.

- The Base Interest Rate is credited daily.
- The Indexed Credit Percentage is based on the interest cap and the beginning and end S&P 500[®] Index Values and is credited at the end of the indexed term.
- These examples assume no prior withdrawals.

Example 1:

Total Base Interest Rate 1.0%	+ Total Indexed Credit	5%	=5.0%
	Ending Index Value	1,100	
(Compounded daily)	Starting Index Value	1,000	
			Rate
Base Interest Rate of 1.0%	Indexed Interest Cap 5%		Overall Crediting

Results: Because the S&P 500[®] Index Value on the last day of the indexed term is <u>10% higher than</u> the Index Value on the first day of the indexed term, the 5% Cap would apply and be credited to the account.

Example 2:

Base Interest Rate of 1.0%	Indexed Interest Cap 5%		Overall Crediting
			Rate
(Compounded daily)	Starting Index Value	1,000	
	Ending Index Value	1,020	
Total Base Interest Rate 1.0%	+ Total Indexed Credit	2%	=3.0%

Results: Because the S&P 500[®] Index Value on the last day of the indexed term is <u>2% higher than</u> the Index Value on the first day of the indexed term, 2% index growth percentage is credited to the account.

Example 3:

Base Indexed Interest Rate of	Cap 5%		Overall Crediting
1.0%			Rate
(Compounded daily)	Starting Index Value	1,000	
	Ending Index Value	950	
Total Base Interest Rate 1.0%	+ Total Indexed Credit	0%	=1.0%

Results: Because the S&P 500[®] Index Value on the last day of the indexed term is <u>less than</u> the Index Value on the first day of the indexed term, no index growth percentage is credited to the account.

How do I transfer amounts in my annuity among Interest Accounts?

You may re-allocate your annuity value among the available accounts on each contract anniversary so long as we receive your written request for the re-allocation at least 5 business days prior to the contract anniversary. Re-allocations can only be effected on a contract anniversary.

SECTION II – ACCESS TO VALUE

Your annuity will be converted to periodic income as of the Maturity Date. Prior to that time, you may completely surrender or make a partial withdrawal from your annuity. The minimum partial withdrawal you may request is \$500, and your Accumulation Value must be no less than \$2,000 after the withdrawal.

What happens if I take out some or all of the money from my annuity?

Annuities are long-term investments. You should plan to keep your annuity for a least the duration of the policy's Withdrawal Charge period. However, you may access your cash earlier if you need it, although getting out early may mean taking a loss. Many annuities have Withdrawal Charges. The Withdrawal Charge is a percentage of the amount withdrawn. The annuity may be worth less than the premium paid if funds are withdrawn during the Withdrawal Charge period. In addition, withdrawals prior to age 59 1/2 may have adverse tax consequences (see Section III – Taxes below).

Safe Solution Withdrawal Charges:

Plan				Contra	ct Year			
Pidli	1	2	3	4	5	6	7	8+
5 Year	9%	8%	7%	6%	5%	0%	0%	0%
7 Year	9%	8%	7%	6%	5%	4%	3%	0%

Penalty Free Withdrawal Feature: The first withdrawal in any one year, up to a maximum of 10% of the Accumulation Value as of the previous anniversary (or the single premium paid for the first contract year), is not subject to a Withdrawal Charge. Withdrawal Charges are a percentage of the amount withdrawn in excess of this "Free Withdrawal Amount."

Effect on Interest Crediting: Amounts withdrawn from an Indexed Account (including Withdrawal Charges and deductions for premium taxes) receive the Base Interest Rate to the date of the deduction but do not receive the Indexed Credit Percentage for the indexed term in which the deduction occurs unless deducted as of the end of the indexed term.

How do I get income (payouts) from my annuity?

Your annuity will be converted to income as of the Maturity Date. The initial Maturity Date will be as stated in your contract, but you can select another Maturity Date that is any time after the first contract year by providing at least 10 days written notice to us. We will calculate the income using the Accumulation Value. Your annuity contract describes your payment options in detail.

What happens if I die prior to annuitization?

If you die before the Maturity Date, we will pay a death benefit to the beneficiary. A beneficiary entitled to the death benefit may receive it as a lump sum or may choose other options provided in your contract. The death benefit is the Accumulation Value as of the date of death plus interest at no less than 1% per year. The Accumulation Value as of the date of death will include indexed interest linked to the index up to the date of death. There are special rules if your surviving spouse is a joint owner – see your contract for details.

Can I take a loan from my annuity?

Loans are not allowed from your annuity.

SECTION III – TAXES

You don't pay taxes on the interest earned until the money is paid to you. Payouts or withdrawals are generally subject to ordinary income taxes on the earned interest. You also pay a 10% federal income tax penalty on earnings that are paid out or you withdraw before age 59 1/2. We recommend that you consult with your tax or legal advisor for questions regarding tax consequences. Neither we nor any agents acting on our behalf should be viewed as providing legal, tax or investment advice.

SECTION IV – OTHER IMPORTANT INFORMATION

- If the S&P 500[®] becomes publicly unavailable, we will use an alternate index after we get approval to do so from the New York Department of Financial Services. The alternate index will be as similar to the S&P 500[®] as possible.
- The annuity is an insurance product and is not guaranteed by any bank or insured by the Federal Deposit Insurance Corporation (FDIC). It is not a registered security and does not directly participate in any stock or equity investments.
- Your contract provides a certain number of days to look at your annuity contract after it is delivered to you. If you decide during that time that you don't want it, you can return it to us for a full refund.
- This is a summary document and is not intended to be a full description of the contract. Please read the contract for a complete explanation of its terms and conditions.

NOT A	MAY LOSE	NOT FDIC	NOT GUARANTEED BY ANY	NOT GUARANTEED
DEPOSIT	VALUE	INSURED	FEDERAL GOVERNMENT AGENCY	BY A BANK

Owner's Acknowledgement - I acknowledge that I have read and fully understand the information contained in this disclosure.

 OWNER'S NAME
 OWNER'S SIGNATURE
 DATE

 JOINT OWNER'S NAME, IF ANY
 JOINT OWNER'S SIGNATURE, IF ANY
 DATE

Agent Acknowledgement – I certify that I have provided a copy of this document to the applicant and have made no promises or assurances regarding the values of the annuity contract, nor have I made statements that differ from this disclosure.

AGENT'S NAME

AGENT'S SIGNATURE

DATE



CERTIFICATION AND ACKNOWLEDGEMENT OF TRUST AGREEMENT

Contract Number:	Name of Annuitant:
	Relationship (Check One) Owner Beneficiary Both
Name of Trust: ("Trust")	
Name of All Trustee(s): ("Trustee")	
Name of Grantor(s)/Settlor(s): ("Grantor")	Name of Successor Trustee(s):
Mailing Address for Trust:	
Tax Identification Number (TIN): This must be provided. If a TIN has not yet	Date of Trust:
been assigned to the trust, please provide the Grantor's SSN.)	

Declaration by Trustee

SBLI USA will only issue annuities to simple Revocable Living Trusts. The annuitant must be a living person. A corporation or any other non-natural person can not own one of SBLI USA's annuities.

The undersigned Trustee of the Trust, in consideration of the issuance of the above Contract(s) by SBLI USA Life Insurance Company, Inc. or its affiliates ("Insurer"), hereby represents, declares and acknowledges that:

1. The above referenced Trust is a Revocable Living Trust
Yes No

- The above referenced Trust requires that

 the Sole Trustee
 any Trustee
 must sign documents pertaining to the above referenced contract which requires a signature.
- 3. The Trust is the Owner Beneficiary Owner and Beneficiary of the contract.
- 4. If the Trust is revocable, the relationship of the above-referenced annuitant to the Grantor is: Spouse Children Grandchildren Other
- 5. The Trust was validly executed and is in full force and effect.
- 6. The Trust is governed by the laws of the _
- 7. If the Trust is purchasing an annuity, are any of the Trust Beneficiaries a non-natural person (for example, a corporation of other legal entity)? Yes No
- 8. Trustee is authorized under the terms of the Trust to purchase and hold annuity contracts on the life of the above named insured or annuitant.
- Trustee has the authority to execute this Certification and Acknowledgement and bind the Trust to the terms herein. The Trustee further certifies that the Insurer may rely solely on this declaration to determine that the Trust is in effect and that the above facts are true and correct statements of the terms of the Trust.
- 10. Trustee has independently determined the suitability of the Contract for the Trust and its conformance to income distribution requirements of the Trust agreement and to any applicable federal and state laws. In making its determination, the trustee has consulted with its own independent selected legal, tax, or trust advisers. No representations have been made by or on behalf of Insurer, its employees, agents or other representatives concerning the suitability of the Contract for the Trust.

- 11. The insurer's sole obligation is to perform under the terms of the Contract. The Insurer may solely rely on the signature(s) of the Trustee for the exercise of any rights or options with respect to the Contract, including but not limited to the right to receive cash values, loans, partial or full surrenders or dividends; to distribute or assign the Contract; to select investment allocations for the Contract if it is a variable Contract, to agree to any release, modification or amendment to the Contract; to exercise all ownership rights in the Contract; or to submit and settle death claims.
- 12. The Insurer shall have no further duty to inquire into the terms of the Trust or the authority of the Trustee, nor shall it have any responsibility regarding the use and application of any funds paid to the Trustee. <u>The Insurer does not need to determine and will not be charged with any knowledge of the terms of the Trust beyond this certification</u>.
- 13. The Trustee will hold the Insurer and any of its agents, employees, and representatives harmless from any action the Insurer takes with respect to the Contract at the direction of the Trustee, and any payment by the Insurer to the Trustee shall be in full discharge of all claims against the insurer with respect to any amount paid.
- 14. The Trustee and successor Trustee is bound by this Certification and Acknowledgement and; the Insurer may rely upon the directions of the Trustee and any successor Trustee until the Insurer receives written notification at its Home Office of a change of Trustee. The Trustee agrees to promptly notify the Insurer of such a change.
- 15. The Insurer or any of its agents, employees or representatives are not authorized to give legal or tax advise in connection with the drafting of, or any other aspect, of the creation of the Trust; the Trustee has not relied on any representation or advice of any of the Insurer's agents, employees or representatives with respect to the terms or validity of the Trust; and the Trustee has had the opportunity to consult with its own legal and or tax counsel or advisors in preparation of the Trust and the execution of this Certification and Acknowledgement.
- 16. The Insurer is directed to mail all correspondence in connection with the Contract, including notices, to the address of the Trust set forth above or as changed by the Trustee.
- 17. Insurer reserves the right to request and receive a copy of the Trust if it determines such is necessary. Before the insurer pays any proceeds at the death of the Insured(s), it may also require proof that the Trust is then in full force and effect.

The Trustee signing down below acknowledges that his/her signature is the only signature required to make this certification and disclosure binding.

Signature of the Trustee(s):

Please Print Name:

Date:

Trustee



APPENDIX 11 DEPARTMENT OF FINANCIAL SERVICES 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 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, 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 REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date:	Signature of Applicant:
Date: TO THE BEST OF MY KNOWLEDGE, A REPLAC	Signature of Applicant: CEMENT IS INVOLVED IN THIS TRANSACTION: YES NO
Date:	Signature of Agent or Broker:

INSTRUCTIONS

NEW YORK INSURANCE REGULATION NO. 60 REQUIRES THAT WITH EACH NEW APPLICATION FOR INSURANCE A DETERMINATION SHOULD BE MADE AS TO WHETHER IT WILL REPLACE EXISTING INSURANCE. IN THAT REGARD, PLEASE:

- 1. Answer Questions 1-6 On the Reverse Side of this Form.
- 2. Date and Sign the Form.
- 3. Retain the Copy for your Records.
- 4. Attach the Original to your Application for Insurance.
- 5. If you Answer Yes to any of Questions 1-6, Please Sign the REGULATION 60 AUTHORIZATION also enclosed.
- 6. Return all Completed Forms to your SBLI Representative



Regulation 194 Mandatory Initial Disclosure

(As required by the New York State Department of Financial Services)

Agency Name		
Agency Address		
()	()	
Telephone #	Fax #	E-mail

is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license

- to engage in the following activities:
 - · Confer with insurance purchasers about the benefits, terms and conditions of insurance contracts
 - · Render advice concerning the substantive benefits of particular insurance contracts
 - Sell insurance and
 - Obtain insurance for purchasers

The role of the producer in any particular transaction typically involves one or more of the above listed activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s), and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.



SBLI USA Life Insurance Company, Inc.

CUSTOMER IDENTIFICATION PROGRAM NOTICE

Important Information You Need to Know About Buying a Life Insurance Policy or Annuity

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who buys a life insurance policy or annuity.

This notice answers some questions about our Customer Identification Program.

What products are covered by this notice?

- A permanent life insurance policy, other than a group life insurance policy;
- An Annuity contract, other than a group annuity contract
- Any other insurance product with features of cash value or investment.

What types of information will I need to provide?

When you buy a life insurance policy or annuity, we are required to collect information such as the following from you:

- Your name
- Date of birth
- Address
- Identification number:
 - U.S. Citizen: taxpayer identification number (social security number or employer identification number)
 - Non-U.S. Citizen: taxpayer identification number, passport number, and country of issuance, alien identification card number, or governmentissued identification showing nationality, residence and a photograph of you.

You may also need to show your driver's license or other identifying documents.

A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or trust agreement.

The U.S. Department of the Treasury already requires you to provide most of this information. We may also require you to provide additional information such as your net worth, annual income, occupation, and employment information.

What happens if I don't provide the information requested or my identity can't be verified?

We may not be able to issue a policy or annuity or carry out transactions for you. If you already have a policy or annuity, we may have to suspend transactions.

We thank you for your patience and hope that you will support the financial industry's efforts to deny terrorists and money launderers access to America's financial system.



SBLI USA LIFE INSURANCE COMPANY, INC.

ANNUITY 1035 EXCHANGE AND TRANSFER/ROLLOVER 100 W. 33rd Street, Suite 1007, New York, NY 10001-2914

Toll Free: 1-877-SBLI-USA / 1-877-725-4872

website: www.sbliusa.com

Instructions:

This form can be used to accomplish a FULL or a PARTIAL Exchange of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for Transfers of Funds and Direct Rollovers. For the purpose of this form, the receiving company will be referred to as "The Company." Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application and any state-required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated. Complete one form for each surrendering company.

1. CURRENT CONTRACT INFORMATION (Please print)

Current Company/Financial Institution	Policy Number Being Exchanged/Transferred
Current Company Address (Street, City, State, Zip)	Phone Number
Owner Name	Social Security Number (or Tax Identification Number)
Joint Owner Name (<i>if any</i>)	Social Security Number (or Tax Identification Number)
Annuitant Name (if other than Owner)	Social Security Number

For Sections 2 through 4 complete ONLY ONE Section. Sections 2 OR 3 are for NON-QUALIFIED Funds. Section 4 is for QUALIFIED Funds.

2. NON-QUALIFIED 1035 EXCHANGE - From Non-Qualified Annuities, Endowments or Life Insurance Policies Only

Type of account funds are coming from:

□ Annuity

Life Insurance Policy

Endowment

□ Full Exchange; or

□ Partial Exchange (Select <u>one</u> option below)

_____ or _____% □ \$___

Penalty-Free Amount

I fully assign and transfer to The Company all claims, options, privileges, rights, title and interest to either all of the life insurance A. policy, all of the annuity contract or part of the annuity contract value identified in the Current Contract Information section above (the "Contract") to The Company. The sole purpose of this assignment is to affect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as the owner of the Contract, including the right to surrender, are now exercisable by The Company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Contract. Other than the above mentioned owner, I warrant that no person, firm, or corportation, other than myself and the insurer that issued the Contract, has an interest in said Contract. I further warrant that the Contract is not subject to loan, assignment, levy or legal proceeding such as bankruptcy. I understand that The Company intends to surrender the Contract for the cash value or, if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by The Company. I authorize the surrendering company to send the proceeds directly to The Company and understand that fees and surrender changes may apply. This exchange is subject to acceptance by The Company. The Company is not liable for changes in market value that may occur before the proceeds are received by The Company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by The Company, no value will accrue or be earned on the new contract.

B. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original Contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original Contract and the percentage of the value transferred to the new contract. For example, if the Contract value is \$100,000 and the basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I understand that under Rev. Proc. 2011-38 there is a 180-day period after any partial 1035 exchange during which any withdrawals, owner changes or annuitizations for a term of less than 10 years or life are subject to adverse tax treatment. I understand that if I take a withdrawal during this period, the IRS will apply general tax principles to determine the nature of the transaction and may modify the tax treatment accordingly. I understand that there are no statutory exceptions to this provision. I acknowledge and agree that The Company is not responsible for any adverse tax consequences associated with this transaction or that may arise from a withdrawal in the 180-day period following a partial 1035 exchange, and I agree that I have consulted a tax professional to the extent I have felt it appropriate.

- C. I authorize The Company to rely upon the cost basis information provided by the surrendering company, but agree that The Company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.
- D. I agree that if The Company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, The Company may reassign ownership of the Contract back to me.
- E. I acknowledge that The Company is furnishing this form and is participating in this transaction at my request and as an accommodation to me and that the Company does not give tax or legal advice and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other regulations.

3. TAXABLE EXCHANGE OF FUNDS

Type of account funds coming from:				
Mutual Fund	Certificate of Deposit (CD)	Brokerage Account	□ Other*	
*If "Other", describe:				
Fund/Account Number:				
I wish to liquidate and trans	sfer:			
Entire Value				
Partial Value				
□ \$ or	%			
Penalty-Free Amount				

of the above referenced account directly to The Company.

By executing this form, I understand that The Company will apply all such funds received to an annuity contract issued to me. I understand that The Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state, and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when The Company receives these proceeds and all other necessary paperwork in good order.

4. TRANSFER/DIRECT ROLLOVER FROM TAX-QUALIFIED RETIREMENT ACCOUNT/CONTRACTS ONLY

Type of transfer:				
Transfer	Direct Rollover			
Type of account funds comi	ng from:			
TSA 403(b)	Traditional IRA	Roth IRA	Other	
Current Investment Vehicle				
Certificate of Deposit (CD)	Mutual Fund	Annuity (Qualified Only)	□ Other	
This will serve as authorization to liquidate and transfer:				
□ Entire Value; OR				
□ Partial Value (Applicable to Annuity Contracts Only - Select <u>one</u> option below)				
□ \$%				
Penalty-Free Amount				

of my account as listed above to the annuity Contract I have applied for with SBLI USA Life Insurance Company, Inc.

Funds are to be transferred to a:

□ Traditional IRA □ Roth IRA

IRA Transfers: By executing this form, if this transfer of funds is from a traditional IRA to a traditional IRA or from a Roth IRA to a Roth IRA, I intend that the transfer constitutes a tax-free IRA-to-IRA transfer. I understand that a transfer from a traditional IRA to a Roth IRA will be subject to income tax (except to the extent attributable to non-deductible contributions to the traditional IRA).

REQUIRED MINIMUM DISTRIBUTION (MUST BE COMPLETED IF AGE 70 1/2 OR OVER THIS YEAR)

Current Year:

- □ I have received my Required Minimum Distribution (RMD) for this year.
- □ I have not received my Required Minimum Distribution for this year and funds from the new annuity contract are not needed to satisfy my RMD.

Future Year:

If funds are **not** received by SBLI during this calendar year,

I I plan to satisfy my Required Minimum Distribution from another source.

I plan to satisfy my Required Minimum Distribution from the new SBLI annuity policy prior to issue of the contract.

5. SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT ACCOUNT

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process this liquidation:

As soon as possible after receipt of all necessary forms

At Maturity Date*: _____

On a specific date*: _____

(* Date must be on or prior to the maturity date of the existing contract.)

If no box is checked, I understand that the liquidation will be done as soon as possible.

I also understand that it is my responsibility to confirm with the surrendering company their processing guidelines for selecting a specific transfer date.

6. RETURN OF LIFE POLICY OR ANNUITY CONTRACT

Please choose one if you are transferring the full value of your current policy/contract.

Check one: Dolicy/Contract Attached

Lost Policy/Contract Certification - The undersigned Owner(s) certifies that the Policy or Contract has been lost or destroyed and that reasonable effort has been made to locate it.

7. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (REQUIRED)

Under penalties of perjury, I certify that:

- 1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that am no longer subject to backup withholding; and
- 3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

8. SIGNATURES (REQUIRED)

Owner Signature

Annuitant Signature (if required)

Witness Signature

Irrevocable Beneficiary Signature, if applicable

Spouse Signature, if applicable *

* The spouse's consent is required if the owner/annuitant is married and the owner/annuitant's spouse is not the primary beneficiary.

Joint Owner Signature

Date

Date

9. ACCEPTANCE OF 1035 EXCHANGE/TRUSTEE TRANSFER/DIRECT ROLLOVER (FOR COMPANY USE ONLY)

a) For Full 1035 Exchanges:

By signature of an authorized officer below, The Company accepts assignment of the Contract for purposes of complying with the Contract owner's intention of affecting a nontaxable exchange under IRS Section 1035. Please issue a check payable to the Company, the owner of the Contract, for the full cash surrender value of the contract. **Because The Company must know the cost basis, we request that you forward this information with the surrender check to the address provided.**

Note: Any income on the exchange of this contract should be reported to the previous policy owner, not to The Company.

b) For Partial 1035 Exchanges:

By signature of an authorized officer below, The Company accepts the assignment of a portion of the value of the Contract for purposes of complying with the Contract owner's intent to effect a non-taxable partial exchange under IRC Section 1035. Because The Company has to obtain the contract owner's cost basis, we request that you forward this information to The Company with a surrender check to the address provided.

c) For Transfers/Direct Rollovers from Tax-Qualified Accounts/Contracts:

The Company will deposit funds received into a:

Roth IRA

Traditional IRA

□ Other ____

Date

Authorized Officer Signature

Make checks payable and mail to:

SBLI Life Insurance Company FBO: ________ 100 W. 33rd Street, Suite 1007 New York, NY 10001-2914



SBLI USA Life Insurance Company, Inc. **NEW YORK REGULATION 60 REPLACEMENT KIT**

EFFECTIVE JULY 1, 2016

Highlights

- Applications can be taken up front no longer dependent on the 20 day waiting period
- The Disclosure Statement can be...
 - o Completed and signed at the time of application if the policy values are known
 - Completed by Home Office and signed by the agent as a policy delivery requirement if the policy values are not known
- Until this process is automated in Agent Center, agents must use the fillable application kits or individual fillable application forms that are available in Agent Center. The kits include the Definition of Replacement form (Appendix 11), which is required with every submitted application.

Replacement Kit Instructions

- Complete the attached forms if policy replacement is anticipated
 - Authorization Form: S-R60ATHENY16
 - o Important Notice Regarding Replacement (Appendix 10C): S-R6010CENY15
 - Sales Materials Checklist: S-R60LSTENY16
- If the policy values are known, complete the appropriate Disclosure Statement. If the policy values are not known, Home Office will complete the Disclosure Statement, and the form will require agent signature as a policy delivery requirement.
 - o Term-to-Term Replacements (Appendix 10A-1): S-R60101ENY16
 - All Other Life Policy Replacements (Appendix 10A): S-R6010AENY16
 - Annuity-to-Annuity Replacements (Appendix 10B): S-R6010BENY16
- Send the Application package along with the Replacement Kit to Home Office for processing

If you have questions or need assistance, please call the Agent Hotline at 866-380-6413.



SBLI USA LIFE INSURANCE COMPANY, INC.

REGULATION 60 REQUEST FOR REPLACEMENT INFORMATION

AUTHORIZATION FORM

-		
100 W. 33rd Street, Suite 1007, New York, NY 10001-2914	Toll Free: 1-877-SBLI-USA / 1-877-725-4872	website: www.sbliusa.com

Replaced Company Name

A. REPLACED POLICY / CONTRACT INFORMATION

E.						 	-
5	Stre	et A	٨d	dres	s		

City	State		Zip
-			L
1st Policy / Contract # to be Replaced	□ Life	🖵 Full	Qualified
	Annuity	Partial Amount	Non-Qualified
2nd Policy / Contract # to be Replaced	□ Life	🗖 Full	Qualified
	Annuity	Partial Amount	Non-Qualified
3rd Policy / Contract # to be Replaced	□ Life	🖵 Full	Qualified
	□ Annuity	Partial Amount \$	□ Non-Oualified

Please see the authorization below to release information pursuant to New York Regulation 60. For your convenience, we have included a copy of the Disclosure Statement. Please complete the replaced company's portion of the attached Disclosure Statement and return it to us. If there are any questions, please contact us at 1-877-725-4872.

B. PROPOSED OWNER / APPLICANT INFORMATION		
Proposed Owner / Applicant Name	Joint Owner Name (if any)	
Street Address	Phone	
City	State	Zip

PLEASE SEND THIS INFORMATION TO:

• SBLI USA Life Insurance Company at the address listed at the top of this page.

C. REQUIRED INFORMATION TO BE PROVIDED BY THE REPLACING AGENT

• For life insurance policies, please include "Sales Material Checklist" form.

• For annuity contracts, please include "Sales Material Checklist" form.

If the customer is considering transferring money into an existing contract or policy, please provide the existing contract / policy number

D. AUTHORIZATION

By signing below, I authorize and request the undersigned agent and SBLI USA Life Insurance Company to obtain account information from my current insurer related to my existing life insurance policy or annuity contract.

\mathbf{v}	-
$\boldsymbol{\Lambda}$	L _

Signature of Owner / Applicant

Date

Signature of Joint Owner / Applicant

Date

E. AGENT CERTIFICATION

To the best of my knowledge, a replacement is involved in this transaction.

X

Signature of Agent

Date

Printed Name of Agent

SBLIUSA SBLI USA Life Insurance Company, Inc.

APPENDIX 10C DEPARTMENT OF FINANCIAL SERVICES 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 11 NYCRR PART 51 (INSURANCE REGULATION 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. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU 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. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
- 2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
- 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.
- 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 <u>MAY</u> 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 11 NYCRR PART 51 (INSURANCE REGULATION 60).

IMPORTANT: THIS RIGHT SHOULD <u>NOT</u> 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 AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "<u>IMPORTANT</u> NOTICE" AND HAVE RECEIVED A COPY OF SAME.

Date:	Signature of Applicant:
Date:	Signature of Applicant:

100 West 33rd Street, Suite 1007, New York, NY 10001-2914 1-877-SBLI-USA (1-877-725-4872) • www.sbliusa.com



SBLI USA LIFE INSURANCE COMPANY, INC.

SALES MATERIAL CHECKLIST

100 W. 33rd Street, Suite 1007, New York, NY 10001-2914 Toll Free: 1-877-SBLI-USA / 1-877-725-4872 website: v

website: www.sbliusa.com

Sales Material Used in the Sale

- Golden Promise[®] Consumer Brochure
- □ Income Continuation Term Consumer Brochure
- □ Renewable & Convertible Term Life Insurance Consumer Brochure
- □ Senior Life Insurance Consumer Brochure
- □ Simple Issue Term Consumer Brochure
- □ Whole Life Insurance Consumer Brochure
- Legacy SolutionSM Consumer Brochure
- □ Select Choice[®] Annuity Consumer Brochure
- □ Fixed/Indexed Annuity Consumer Brochure
- Equity Indexed Universal Life Consumer Brochure
- Preliminary Information Statement
- SBLI USA Website
- □ Other _____



DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK LICONY TERM to TERM DISCLOSURE STATEMENT LICONY Appendix 10A-1¹

IMPORTANT – IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW POLICY. PLEASE REVIEW THIS DOCUMENT CAREFULLY, AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING POLICY TO THE PROPOSED NEW POLICY.
- **IMPORTANT 60 DAY REFUND PERIOD:**

WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE POLICY, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND, IF YOU ARE NOT SATISFIED WITH THE POLICY. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY.

PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS. •

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement forms at the time you apply for your coverage. This Disclosure Statement, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of policy delivery.

Name of Applicant(s)_____ Telephone Number: _____

Address

Name of Agent or Broker Telephone Number

Company_____ 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:

¹ For use only for a replacement of a term life insurance policy by a term life insurance policy (with no cash value)

1. DESCRIPTION OF TRANSACTION:

Proposed Policy		Existing Policies Affected					
		(1) As of	(2) As of	(3) As of			
	Company Name						
	Customer Service Phone No.						
	Policy Number Issue Date	#	#	#			
	Type of Term Insurance						
\$	Base Policy Face Amount	\$	\$	\$			
	Rider						
	Rider						
	Rider						
	Rider						
	Rider						
\$	Total Annualized Premium	\$	\$	\$			
	Contestable Expiry Date						
	Suicide Expiry Date						
Existing covera	age to be changed by:	(1)	(2)	(3)			
Lapse		[]	[]	[]			
Amendment or I	Reissue	[]	[]	[]			
Other							
Cash released b	by change	\$	\$	\$			

Use of cash released: _____

2. SUMMARY RESULT COMPARISION:

Proposed With Exi	sting Coverage Changed		Existing Cov	verage Unchanged
Guaranteed	Non-Guaranteed		Guaranteed	Non-Guaranteed
		Annualized Premium		
\$	\$	Current Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
		Death Benefit		
\$	\$	End of 1 st Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
		Dividends		
\$	\$	End of 1 st Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$

AGENT/BROKER'S STATEMENT:

1.	The primary	v reason(s)	for recom	mending the	new life i	nsurance r	olicy is	s (are):
1.	The phillar	y ieason(s)		nenuing the	Hew me i	insurance p	JUIICY R	s (ar	C

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

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

REMARKS:

□ The sales material cited on the attached list was used in this sale.

□ No sales material, other than the attached proposal, was used in this sale.

□ No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed life insurance policy, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

If more than three existing life insurance policies are to be affected by this transaction or if more than one new life insurance policy is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies. In addition, a composite comparison shall be completed of all existing life insurance to all proposed life insurance policies.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ Signate

Signature of Agent or Broker_____



DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK LICONY DISCLOSURE STATEMENT LICONY Appendix 10A¹

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.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW POLICY OR CONTRACT.
 PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING POLICY OR CONTRACT TO THE NEW POLICY OR CONTRACT.
- <u>IMPORTANT 60 DAY REFUND PERIOD</u>: WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND, IF YOU ARE NOT SATISFIED WITH THE NEW POLICY OR CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE <u>IMPORTANT</u> NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY OR CONTRACT.
- PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the <u>IMPORTANT</u> Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement forms at the time you apply for your coverage. This Disclosure Statement, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, <u>but</u> no later than at the time of policy or contract delivery

Name of Applicant(s)		Telephone Number					
Address							
Name of Agent or Broker		Telephone Number					
Company	_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:

- an existing life insurance policy is being used to fund a life insurance policy;
- an existing annuity contract is being used to fund a life insurance policy; or
- an existing life insurance policy is being used to fund an annuity contract

¹ For use when:

1. DESCRIPTION OF TRANSACTION:

Proposed Policy/Contract

Existing Policies/Contracts Affected

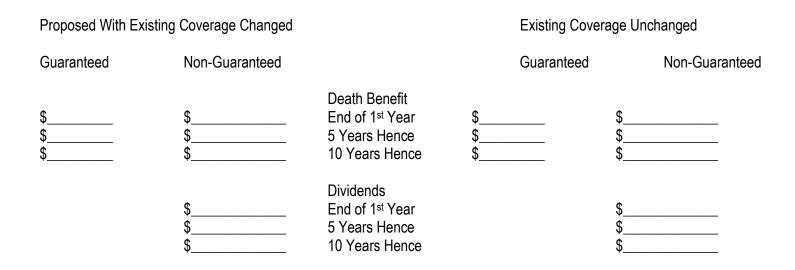
		(1)	(2)		(3)
		As of	As of	/	As of
	Issue Date	#	#		
	Type of Insurance Base Policy			<u> </u>	
\$	Face Amount Rider	\$	\$	9	<u> </u>
	Rider Rider Rider Rider				
	Total Annualized				
\$	Premium Current	\$	\$	0	S
N/A	Surrender Charge Guaranteed	\$	\$	0	6
%	Interest Rate Current Loan		%	%	%
%	Interest Rate Current Loan Balance Contestable Expiry Date Suicide Expiry Date			%	%

(1) (2) (3) Existing coverage to be changed by: Lapse or Surrender Amendment or Reissue Loan or Withdrawal П 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 Ex	isting Coverage Changed	Existing Coverage Unchanged			
Guaranteed	Non-Guaranteed		Guaranteed	Non-Guaranteed	
\$ \$ \$	\$ \$ \$	Annualized Premium Current Year 5 Years Hence 10 Years Hence	\$ \$ \$	\$ \$ \$	
\$ \$ \$	\$ \$ \$	Surrender Value End of 1 st Year 5 Years Hence 10 Years Hence	\$ \$ \$	\$ \$ \$	



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:

- The sales material cited on the attached list was used in this sale.
- □ No sales material, other than the attached proposal, was used in this sale.
- □ No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

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, 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.

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: _____



DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK LICONY ANNUITY DISCLOSURE STATEMENT LICONY Appendix 10B¹

<u>IMPORTANT</u> - IT MAY <u>NOT</u> 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.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU BY NO LATER THAN DELIVERY OF THE NEW ANNUITY CONTRACT.
 PLEASE REVIEW THIS DOCUMENT CAREFULLY, AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING CONTRACT TO THE NEW CONTRACT.
- IMPORTANT 60 DAY REFUND PERIOD:

WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND IF YOU ARE NOT SATISFIED WITH THE NEW CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE <u>IMPORTANT</u> NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW CONTRACT.

• PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS.

<u>FOR YOUR PROTECTION</u>, the Department of Financial Services of the State of New York requires that you be given the <u>IMPORTANT</u> Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement forms at the time you apply for your coverage. This Disclosure Statement, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, <u>but</u> no later than at the time of contract delivery.

Name of Applicant(s)	Telephone Number						
Address							
Name of Agent or Broker	Telephone Number						
Company	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:

1. DESCRIPTION OF TRANSACTION:

The Proposed Annuity Contra	act	<u>Exi</u> (1)	isting Annuity Contracts Affect (2)	<u>ted</u> (3)
1	Company Name			
2	Customer Service Phone No.			
3. XXXXXXX	Annuity Contract No.			
4	Type of Annuity			
5. XXXXXXX	Annuity Issue Date			
6	Current Crediting Rate (If Applicable)			
7. XXXXXXX	Guaranteed Rate (If Applicable)			
8. \$	Account Value	\$ As of Date()	\$ As of Date()	\$ As of Date()
9. \$	Minus Surrender Charge (If Any) ²	\$	\$	\$
10. \$	Plus/Minus Market Value Adjustment (If Any)	\$	\$	\$
11. N/A	Equals Surrender Value	\$	\$	\$
	Additional Inf IRS Plan Type (Check Box)	Product Name (Select Or □		
	□ Non-Qualified			

2. SUMMARY RESULT COMPARISON: 3

THE PROPOSED ANNUITY

①Surrender Value to be Invested: \$_____

Hypothetical Rates of Return

IF YOU CONTINUE YOUR EXISTING ANNUITY(ies) 4

②Current Value: \$_____

Hypothetical Rates of Return

	If Fixed Annuity		rIf Variable Annuity ⁵				If Fixed Annuity		If Variable Annuity 5		
	At Guaranteed Rate	At Current Rate ⁶	@0%	@6%	@12%		At Guaranteed Rate	At Current Rate ⁶	@0%	@6%	@12%
						SURRENDER VALUE					
3	\$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	In 3 years	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$
	[]					DEATH BENEFIT					
7	\$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
8	\$	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
9	\$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
10	\$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$

S-R6010BENY16

AGENT/BROKER'S STATEMENT:

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

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

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

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.)

	<u>Year:</u>	1 □%	2 □%	3 □%	4 1 %	5 □ %	6 □%	7 □%	□ % □ %	%	%
Explain, if nec	cessary:										
Remarks:											

The sales material cited on the attached list was used in this sale.

- No sales material, other than the attached proposal, was used in this sale.
- No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed. Section 1 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.

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: _____

¹ For use only when replacing one annuity contract or contracts with another annuity contract(s).

² Surrender charge should include any administrative and cumulative rider charges included and should also be included in item 4 on p. 4 of this Statement.

³ Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.

⁴ 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 on page 2 of this Statement.

⁵ Note that the annual investment rates need to be reduced by management and other fund expenses and other contractual charges (other than surrender charge).

⁶ 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.