

AGENT STATEMENT

Not Part of the Application

First Name _____ Middle Name _____ Last Name _____

1. Licensing and Jurisdiction

Plan _____ Date of application ____/____/____
 In which state did the Applicant sign the application? _____ In which state does the Applicant reside? _____
 In which state is the Applicant employed? _____ Was the Applicant's signature obtained by mail? Yes No
 In which state did the Primary Insured sign the application? _____ In which state does the Primary Insured reside? _____
 Was the Primary Insured's signature obtained by mail? Yes No In which state does the Owner reside? _____
 In which state will the policy be delivered? _____ Will the policy be delivered by mail? Yes No

2. Customer Verification (Complete for all Owners)

Per Federal Regulations, please affirm which acceptable proof of identification was presented by the owner(s) of the contract at the time of application. Documentation must be an original and must not be expired. A photocopy of the document is NOT valid.

Individual: Driver's License Passport Government or State Issued Photo ID
 Must verify: Number _____ Issuing Authority (Country or State) _____
 Expiration Date ____/____/____

Business, Partnership, Corporation or Trust: Government Issued Business License Partnership Agreement
 Certified Articles of Incorporation Trust Agreement
 Date of Document ____/____/____

To whom was the proof of identification presented? Agent Licensed Service Assistant

If Owner's TIN is pending at the time of application, the date the Owner applied for the TIN must be provided. ____/____/____

For Additional or Joint Owners, identify each by name and provide all the above information for each (Type, Number, Expiration, etc) or submit a separate Identification and Verification Form (22502)

3. How Well Known

How well do you know the Primary Insured? (Select one)

Approached by Primary Insured Casually, for _____ years Met on solicitation
 Well, for _____ years Referral from NYL Agent Relative (relationship) _____
 Self

If this sale is a result of a lead you received from New York Life, please provide the lead source. (Name of campaign) _____

4. Purpose (Select all that apply)

Retirement Planning Buy/Sell Estate Conservation
 College Funding Deferred Compensation Creditor
 Gift to Child/Grandchild Income to Surviving Spouse and/or Children Other _____
 Key Employee Mortgage Protection _____

5. Policyowner Information

Marital status: Married Single Divorced Separated Widowed
 Number of Dependents: (including spouse) _____ Ages _____ Is Policyowner a homeowner? Yes No
 Household Income: None \$15,000 and below \$15,001 - \$50,000 \$50,001 - \$100,000
 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 and above

6. Requirements Processing

Is there a concurrent application related to this application? Yes No Policy number and details _____
Are you using requirements from a previous application? Yes No _____

7. Additional Information

Please provide any information that is pertinent to the underwriting process that was not disclosed on the Application.

AOL % _____ Do you want the additional amount on the AOL policy to be issued as a 5 year term rider? Yes No

8. Compensation

Are you requesting advance commissions? (If applicable) Yes No
For plans with Compensation Choice: (Select one) 1) FYC only 2) FYC + Trailers 3) FYC + Expense Allowance

9. Declaration ("I" refers to the Soliciting Agent)

I Declare that: a) the application was secured by me personally, and that I have no understanding or agreement with any other person or company, directly or indirectly, as to commissions or compensation on any policy or contract applied for, except as may be specified below; and b) I have not paid or allowed, and I agree that I will not hereafter pay or allow, either directly or indirectly, any compensation or commission other than below, or any rebate of premium in any manner whatsoever to the Applicant or Owner I acknowledge and represent. (1) I read each question on the application (including any applicable health questionnaire), and explained the provisions and limitations of the coverage applied for to the Proposed Insured, Applicant (if not the Proposed Insured) and the Owner, in English, or, as indicated on the application, in another language understood by the Proposed Insured/Applicant/Owner as applicable, and I accurately recorded his/her responses; (2) If prepayment was collected, I gave the receipt and explained that coverage is provided only as stated in the Temporary Coverage Agreement, and that it is limited in amount and have promptly submitted the prepayment to the company; (3) All information provided on this Report, or in response to Company inquiries about the application or the Proposed Insured, is true and correct to the best of my knowledge and belief; (4) I have used only company approved sales material in connection with this application; and copies of all materials used have been left with the applicant and that (5) I gave any other required form(s), including the information practices or privacy notices on or before the date the application was signed.

<input type="checkbox"/>	Share %	Code No. _	Print Last Name	Signature (Soliciting Agent)	Date	"OFFICE" Stamp Date Received Here
<input type="checkbox"/>	Share %	Code No. _	Print Last Name	Signature (Optional)		
<input type="checkbox"/>	Share %	Code No. _	Print Last Name	Signature (Optional)		

NAMES AND ADDRESSES OF FOUR FRIENDS AND RELATIVES

1. _____ _____	3. _____ _____
2. _____ _____	4. _____ _____