

## **HOME OFFICE: BINGHAMTON, NY** LIFE INSURANCE COMPANY ADMINISTRATIVE SERVICE OFFICES:

507 PLUM STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056 VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381

## 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.

	R PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:
	RENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE LACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR :RMINATED?  YES NO
INSURANCE OR REDUCED IN	MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INDUSTRIAL UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND US, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES NO
EXISTING LIFE II	MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE NSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING E OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?  YES NO
` RELEASED, IN	TH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE CLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND NS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE CIES?  YES NO
OF ANY PORTION  AMOUNT OF DIV	OLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL ON OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY VIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR I ONE OR MORE EXISTING POLICIES?  YES NO
	TH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT
DEFINED BY NEW OCCUR AND YOUR NOTICE REGARDIN CONTRACTS. YO	SWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO A AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE IMPORTANT IN GREPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY IN WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER OUR NEW POLICY OR NEW CONTRACT IS DELIVERED.
Date:	Signature of Applicant:
Date:	Signature of Applicant:
TO THE BEST OF MY	KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YESNO
Date:	Signature of Agent or Broker:

Form No. 2207NY (Rev. 6/16)