

**NEW YORK INSURANCE DEPARTMENT**  
Group Variable Life Checklist (01/24/03)

<b>COMPANY</b>	<b>Form No.</b>
<b>Company Contact:</b>	<b>Phone Number:</b>
<b>E-Mail Address:</b>	<b>Fax Number:</b>

**Instructions:**

- A. All items must be answered. Failure to complete all applicable items will result in this filing being returned without further review.**
- B. Check the "YES" box if the item applies without qualification.**
- C. Check the "N/A" box if the item is not applicable to the policy form.**
- D. Check the \* box for the items for which an explanation is necessary. Attach the explanation(s) referencing the relevant item number(s). Also use this box if you are unsure of the appropriate box to check.**
- E. Where required enter the page and paragraph reference of the policy form. The policy form is identified by form number at the top of page one of this checklist.**
- F. The signature of the company representatives completing this checklist and the date it was completed must be furnished on the attached pages.**
- G. For the purposes of this checklist, interrogatories applicable to policy forms apply equally to group certificates unless the context clearly indicates otherwise.**

	<b>I. Filing Process</b>
	<b>A. Type of Filing (select only one)</b>
1.	<p><u>For Prior Approval Section 3201(b)(1) – CL 1997-14</u> <input type="checkbox"/></p> <p>In accordance with CL 1999-8, the caption or "Re" of the submission letter identifies the form number with a generic product description from Appendix A and a generic form description from Appendix B for each form. Includes "FILING FOR APPROVAL" or "FILING FOR INFORMATIONAL PURPOSES" in bold print.</p> <p><u>For Expedited Approval Section 3201(b)(6) – CL 1998-2, CL 1997-14</u> <input type="checkbox"/></p> <p>(i) In accordance with CL 1999-8, the caption or "Re" of the submission letter identifies the form number with a generic product description from Appendix A and a generic form description from Appendix B for each form. Includes "SECTION 3201(b)(6) DEEMER FILING" in bold print.</p> <p>(ii) A certification signed by an officer of the Company is included with the filing. The certification identifies all the New York (or Federal) laws and regulations that specifically apply or are unique to the policy forms (and rates as required) submitted or certifies compliance with all the applicable New York (or Federal) laws and regulations in the appropriately identified product outline(s).</p> <p><u>For Approval with Certification Section 3201(b)(6) – CL 2000-27, CL 1997-14</u> <input type="checkbox"/></p> <p>(i) In accordance with CL 1999-8, the caption or "Re" of the submission letter identifies the form number with a generic product description from Appendix A and a generic form description from Appendix B for each form. Include "PRIOR APPROVAL WITH CERTIFICATION" in bold print.</p> <p>(ii) A certification signed by an officer of the Company and the required Checklist(s) are included with the filing. The certification follows the format of Exhibit I attached to CL 27-2000 and certifies compliance with the appropriately identified product outline(s).</p>

<b>B. Submission Package Requirements:</b>				
2.	Forms and transmittal letters are submitted in duplicate.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
3.	Form identification numbers are in the left-hand corner at the bottom of the page of all policy forms being submitted for approval or informational purposes.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
4.	All blank spaces for the policy forms are completed with hypothetical data.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
5.	Forms are to be illustrated and copies of the applicable portions of the illustration are attached due to the requirements of Section IV.E.7.o or Section IV.E.14.j of the product outline.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
6.	Forms are to be illustrated and a copy of the draft or final illustration is available upon request.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
7.	Forms are to replace forms previously approved by the Department, and a highlighted copy showing the differences or changes made to the submitted form is attached. In addition, a description of the differences or changes is included in the submission letter.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
8.	If a form replaces a recently approved form that has not been issued and uses the same form number, the original approved form is returned to the Department and the submission letter states that the form has not been issued.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
9.	For a market value adjustment policy, an actuarial opinion and memorandum (AOM) is provided as required by §3201 (c)(10) and §43.7 of Regulation 136.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
10.	The submission package complies with all the requirements of Circular Letter No. 6 (1963), Section I(A) through I(G).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
11.	The submission is being made on behalf of the insurer and a letter of authorization from the insurer is attached.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
12.	Any accidental death and dismemberment form has been submitted to the Health Bureau for approval.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
13.	Copy of final prospectus or draft prospectus is included in compliance with 11 NYCRR 54.9.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
14.	Forms are subject to Regulation 123, forms comply with Regulation 123 requirements and the submission material includes material required to comply with sections 59.5 and 59.7 of regulation 123.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>

15.	List of material included in the submission (in duplicate). Type of Form: Policy <input type="checkbox"/> Rider <input type="checkbox"/> Endorsement <input type="checkbox"/> Amendment <input type="checkbox"/> Application <input type="checkbox"/> Certificate <input type="checkbox"/> Insert Page <input type="checkbox"/> Disclosure Statement <input type="checkbox"/> Submission Letter <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Plan of Operation <input type="checkbox"/> Other <input type="checkbox"/> (Specify: _____)			
<b>C. Transmittal Letter Requirements:</b>				
16.	States whether the form replaces a previously submitted form. If yes, the letter states whether the previously submitted form is currently pending review or has been disposed (approved, filed, disapproved, withdrawn, rejected, etc).  Unless provided below, the letter identifies the form number _____, control number _____, disposal date _____, if applicable, and describes the changes and reasons for changes _____.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
17.	Insurer is qualified to issue variable life insurance policies in accordance with the requirements of 11 NYCRR 54.2 and the submission letter so states.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
18.	The variable life policy is in compliance with 11 NYCRR 54.6(a) and the submission letter so states.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
19.	States the application to be used with this policy is approved and complies with 11 NYCRR 54.10.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
20.	States this policy is sex-distinct.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
21.	States the policy is on a sex-distinct basis and will "not" be issued in any employer-employee situation subject to the <u>Norris</u> decision and/or Title VII of the Civil Rights Act or 1964.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
22.	States the policy is sex-distinct but unisex endorsements or pages for use only in the Title VII or <u>Norris</u> decision and/or Title VII of the Civil Rights Act of 1964 will be utilized	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
23.	States the policy is unisex.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
24.	States whether risk has been assumed prior to form approval.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
25.	Describes any innovative and/or unique features and any special markets intended. (See C.L. 27 (2000) for definition of innovative or unique).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>

26.	States the policy will be used in the §3205 (d) market, has been reviewed for compliance with the COLI product outline available on the Department website.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
27.	States whether the form is funded through the insurer's general account and/or one or more separate accounts.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
28.	Advises as to whether or not the Plan of Operations has been approved by the Life Bureau in New York City and includes the date of approval or the date when the Plan of Operations was filed for approval.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
29.	The submission letter fully describes any minimum death benefit guarantee available including but not limited to how it operates and any factors that may affect its duration.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
30.	The submission letter advises as to whether or not the policy provides for a secondary guarantee feature and if so advises as to whether or not it is a no-lapse guarantee or other than a no-lapse guarantee. (See Section IV.F.7 of the product outline).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
31.	The policy does not comply with a specific product outline provision and the submission letter identifies the provision and provides a complete explanation of the Company's position on the issue.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
32.	States whether a filing has been made with the Securities and Exchange Commission ("SEC") and indicates the status of such filing.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
33.	Check Applicable Boxes: Usage: In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Both <input type="checkbox"/> General Submission <input type="checkbox"/> One Case Submission <input type="checkbox"/>			
34.	TYPE OF POLICYHOLDER: Specify applicable paragraph(s) in §4216(b) for group life insurance delivered in New York _____ Describe contractholder for out-of-state cases _____			
35.	States the classes covered, as defined in §4216, if not all persons are eligible.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
36.	States whether the contract is noncontributory, contributory or funded solely by employee or member contributions.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
37.	Describes the type of employee benefit plan or other program funded by the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
38.	States the maximum coverage for an individual employee, or limited number of employees is reasonably related both to the total amount of insurance on the group and to the average amount of insurance on each member of the group.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>

39.	States that the terms of the certificate control in the event of a conflict between the contract and certificate.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
40.	The certificate includes, in substance, all provisions required for individual variable universal life insurance.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
41.	States the form numbers of individual policy forms available for use with conversions under §3220(a)(6).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
<b>Explanation of Variables</b>					
42.	A statement of variability indicating the nature and scope of variations is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
43.	Variable material indicated by Red Ink <input type="checkbox"/> Underlining <input type="checkbox"/> Bracketing <input type="checkbox"/> Other (Specify: _____)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
44.	The explanation of variables does not state only that variations "will conform to law" or "as requested by the contractholder" or other similar language.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
45.	The explanation indicates the limits of range of variable items (i.e., minimum or maximum amounts)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
46.	The explanation indicates that any one of several alternative provisions may be used or that a provision may be either included as submitted or omitted.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
47.	The explanation includes two copies of all alternative language (if not included in the form).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
48.	Blank spaces filled in with hypothetical data to show the purpose and use of the form.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	
<b>II. Policy/Certificate Provisions</b>					
<b>A. General Policy Provision Requirements:</b>					
<b>Cover Page</b>					
49.	The licensed New York company's name appears on the front or back cover. No other insurer or entity other than insurer is identified on the cover page with greater prominence than the New York licensed insurer issuing the contract.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
50.	The full street address of the company's Home Office appears on front or back cover.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
51.	At least one signature of a company officer is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

52.	A corporate or company logo or trademark or affiliation appears on the front or back cover and complies with §219.4(p) of Regulation 34-A.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
53.	No unlicensed insurer name appears anywhere on the form.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
54.	The policy is not labeled in a manner that would have a tendency to mislead or deceive as to the true identity of the insurer, or create the impression that someone other than the insurer would have any responsibility for the financial obligations under the policy. See §219.4(a), (l) and (p) of Regulation No. 34-A.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
55.	Generic name of Product is indicated on cover page. i.e. Flexible Premium Variable Life Insurance, Flexible Premium Survivorship Variable Life, Flexible Premium Variable Universal Life.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
56.	Prominent statement that the amount or duration of the death benefit may be variable or fixed under specified conditions and may increase or decrease is included. 11 NYCRR 54.6 (b)(1)(i).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
57.	Prominent statement that policy values may increase or decrease in accordance with the experience of the separate account, subject to any minimum guarantees is included. 11 NYCRR 54.6(b)(1)(ii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
58.	Method or reference to the policy provision that describes the method for determining the amount payable at death is included. 11 NYCRR 54.6 (b)(1)(iv).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
59.	A free look period of 10 days of receipt is provided, whereby policyholder may receive full refund of all premium payments in compliance with 11 NYCRR 54.6 (b)(1)(v).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
60.	The policy is for mail order and a 30 day Free Look is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
61.	The brief description complies with Section I (A) of Circular Letter No. 4 (1963)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

62.	The brief description of variable universal life policy addresses the flexibility of premiums, benefits or period of coverage.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
63.	The brief description of a survivorship policy includes death benefits payable at the first death, if any, and at the second death.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
64.	The cover page states whether the policy is participating or nonparticipating. Circular Letter No. 4 (1963), Section II(F)(1).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
65.	For MVA accounts, the cover page contains a prominent statement that the contract contains a market-value adjustment formula and that the operation of the formula may result in both upward and downward adjustments in cash surrender benefits. Points in time when cash surrender benefits are available without the application of the market-value-adjustment formula are also described on the cover page. §43.8 of Regulation 136.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Specifications Page</b>					
66.	Guaranteed maximum expense charges and loads that may be deducted from premiums paid or from the account value are set forth. 11 NYCRR 54.6(a)(1)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
67.	Complies with §3203(a)(17), regarding minimum guaranteed interest rate if a fixed account is provided. The guaranteed minimum interest rate shown is _____%.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
68.	This is a participating policy and provides the language required by §3203(a)(15).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
69.	The policy provides the language required by §3203(a)(16).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
70.	Limitations on the crediting of additional interest on a portion of the policy value or cash surrender value are set forth.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
71.	Surrender charges and partial withdrawal fees are stated. (4221 (a) (5-a) and 11 NYCRR 54.7).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

72.	If non-guaranteed factors are shown then the non-guaranteed and guaranteed factors, such as interest, mortality and expense factors, are given equal prominence.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
73.	Disclosure is provided that the policy might not mature even if planned premiums are paid due to changes in the current interest rate credited, investment performance of the Separate Account, changes in the current expense loads or COI's, loans and partial withdrawal activity or changes in death benefit options.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
74.	This policy contains a no lapse guarantee period. The no-lapse premium and period payable are disclosed.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
75.	The policy contains a secondary guarantee other than a no lapse guarantee period. The premium payable (if any) and period (if any) for the secondary guarantee are disclosed.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
76.	The policy allows for a negative account balance to be accumulated during the no-lapse guarantee period and the language required by §IV.F.7.b of the product outline is prominently set forth.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
77.	This is a variable universal life policy and "planned premiums" are disclosed and defined in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
78.	The specifications page is completed with hypothetical data.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Table of Contents</b>				
79.	The policy has more than 3000 words or 3 pages and a table of contents is included.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Entire Contract</b>				
80.	The policy provides for an entire contract provision and the policy language complies with §§3220(a)(2) and 3204.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
81.	All statements made by or by the authority of, the applicant for the issuance, reinstatement, or renewal of the policy shall be deemed representations and not warranties.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	

82.	The phrase "In absence of fraud" is not used in the entire contract provision – Section II(H)(7) of Circular Letter No. 4 (1963).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
83.	Complies with §3204 so there is no incorporation by reference.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Provisions Specific to Group Policies and Certificates</b>					
84.	The policy provides for the issuance of a certificate for delivery to each person covered under the policy. §3220(a)(4).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
85.	The entire contract provision in the policy includes reference to the certificate.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
86.	Designation of beneficiary is by the insured except as permitted by §3220(a)(5).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
87.	The policy and certificate have conversion rights without evidence of insurability that comply with §3220(b)(6).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
88.	The policy specifies all reasons for termination of coverage.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
89.	Conversion rights are provided on termination of the policy	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
90.	Conversion rights are provided on termination as an eligible participant.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
91.	Conversion rights are provided when coverage is reduced in compliance with §3220(b)(6).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
92.	The conversion policy can be preceded by term insurance for one year.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
93.	For termination due to total and permanent disability all term forms are available for conversion.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
94.	Dependent coverage includes conversion provisions in compliance with §3220(a)(7).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
95.	The policy contains a portability provision.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

<b>Grace Period</b>					
96.	The policy provides a grace period provision and a 61 day grace period is provided as required by 11 NYCRR 54.6(b)(3)(i).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
97.	The policy provides that a report will be sent to the policyholder if the net cash surrender value under the policy on any policy processing day to pay the charges authorized by the policy is less than the amount necessary to keep the policy in force until the next following processing day. The policy provides that the report will be mailed no earlier than, and within 30 days after, the policy processing day on which the insufficiency occurred and the report will indicate the minimum payment required under the terms of the policy to keep it in force and the length of the grace period for payment of such amount.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
98.	Death benefit payable during grace period will equal the death benefit in effect immediately prior to such period less overdue charges as required by 11 NYCRR 54.6 (b)(3)(ii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
99.	The policy processing day occurs monthly and the policy requires the payment of a premium sufficient to keep the policy in force for no more than three months beginning with the policy processing date on which the net cash surrender value is insufficient to pay all the charges authorized by the policy that are necessary to keep the policy in force until the next policy processing date. 11 NYCRR 54.6(b)(3)(ii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Incontestability</b>					
100.	The policy provides for an incontestability provision and the policy language complies with §3220(a)(1) and 11 NYCRR 54.6(b)(13).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
101.	A two-year or less contestable period –in compliance with §3220(a)(1) and 11 NYCRR 54.6 (b)(13) is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
102.	Contests are based only on “material misrepresentations” – and the provision includes this language or is not contrary to §3105.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

103.	Last to die survivorship policy is incontestable after 2 years inforce during the lifetime of at least one of the insured persons.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
104.	Policy indicates that any increase in the policy death benefit after issue, if requested by the owner and subject to evidence of insurability, shall be contestable for 2 years from the date of increase.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
105.	The contestable period for a policy issued as a conversion is measured from the original policy's issue date.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
<b>Reinstatement</b>					
106.	The policy provides for a reinstatement provision and the policy language is in compliance with 11 NYCRR 54.6 (b)(4).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
107.	A minimum reinstatement period of three years is provided –§3203(a)(10).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
108.	With respect to any reinstated policy, the contestable period is based only on statements in the reinstatement application –§3210.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
109.	Policy does not require payment of past premiums.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
110.	Policy requires the payment of an amount sufficient to keep the policy in force for no more than three months.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
111.	The policy explains how the account value and surrender charge will be determined upon reinstatement.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
112.	The account value and surrender charges are determined so that no part of the surrender charge is assessed more than once.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
113.	If policy is reinstated, the suicide exclusion does not begin anew –§3210.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/

<b>Suicide</b>					
114.	The policy provides for a suicide provision. The policy complies with §3203(b)) and 11 NYCRR 54.6(c)(4).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
115.	A two-year or less suicide period –§3203(b)(1)(B) is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
116.	This is a last to die survivorship policy and the suicide provision is applicable only on the death by suicide of the surviving insured within the first two policy years, or if applicable on first death, then a single life policy is provided to survivor.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
117.	There is a refund of premiums paid in the event of death by suicide during the two-year period – §3203(b)(3).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
118.	“While sane or insane” is not used – Section II(I)(1) of Circular Letter No. 4 (1963).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
119.	The suicide period for a policy issued as a conversion is measured from the original policy’s issue date.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Policy Loans</b>					
120.	This policy provides for a policy loan provision.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
121.	The policy loan provision language provided complies with 11 NYCRR 54.6 (b)(10).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
122.	The loan provisions apply to the entire policy including both variable sub-accounts and fixed accounts.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
123.	The policy describes how loans are charged against separate accounts and the effects on accounts when a loan is taken or repaid.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
124.	The policy provides for a fixed (payable in arrears) loan rate not to exceed 8%. The loan interest rate is _____.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
125.	The policy provides for an adjustable loan rate not to exceed 8%. The maximum loan rate is _____.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

126.	An adjustable loan rate is used and the policy complies with §3206.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
127.	The policy provides for an adjustable loan rate and provides that the loan rate is adjusted at least once every 12 months, but not more frequently than once in any three-month period. §3203(a)(8)(F).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
128.	The loaned portion of the account value is credited with an interest rate that is up to 2% less than the applicable loan rate but in no event less than the guaranteed rate. 11 NYCRR 54.6(b)(10)(xii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
129.	The loan provision provides for an adjustable loan rate and indicates that the policy cannot lapse as a result of a change in the policy loan interest rate. §3206(e).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
130.	Policy states that if the policy is being continued under a nonforfeiture benefit or to the extent benefits are being paid from the general account, the policy provides that the loan can be deferred for up to 6 months from date of request. 11 NYCRR 54.6(b)(8)(ii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
131.	Any reduction in the loan spread illustrated or disclosed is guaranteed in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
132.	If a future reduction in the loan spread is not guaranteed in the policy, the applicable portion of the illustration is provided to the Department with the submission package and the non-guaranteed nature of the reduction is clearly shown in the illustration.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
133.	If a loan is outstanding, the policy states how a payment not designated as a premium or loan repayment is treated.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
134.	The company will comply with §3227 with respect to deferral of loans. Any policy language on such deferral complies with §3227.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
135.	The policy provides for a minimum loan amount of _____. The policy indicates that this does not apply to any automatic premium loan provision.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/

136.	The policy provides that any indebtedness shall be deducted from proceeds payable on death (11 NYCRR 54.6(b)(10)(iii)).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
137.	The policy provides any indebtedness will be deducted from the cash surrender value.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
138.	The policy loan provision is so constructed that variable life insurance policyholders who have not exercised such provision are not disadvantaged by the exercise thereof (11 NYCRR 54.6(b)(10)(ix)).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Separate Accounts</b>					
139.	The Separate Accounts are in compliance with 11 NYCRR 54.3.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
140.	The policy describes the designated account(s) and valuation methods. The policy states that the assets of the separate account are valued at least as often as any policy benefits vary but at least monthly. 11 NYCRR 54.6(b)(6).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
141.	To the extent applicable, the policy states that assets in the Separate Account are not chargeable with liabilities arising out of any other business of the company. §4240(a)(12).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
142.	Policy benefits reflect the investment experience of the Separate Account(s) established and maintained by the insurer as required by 11 NYCRR 54.6 (a)(3).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
143.	Policy complies with §4240(a)(5) regarding guarantees of the value of assets allocated to the Separate Accounts.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Fixed Interest Account</b>					
144.	This policy includes a Fixed Interest Account.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
145.	The minimum guaranteed interest rate of the Fixed Interest Account is _____%.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
146.	The fixed account interest crediting is based on a bond/interest rate index.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	

147.	The fixed account interest crediting is based on an equity index or another type of index other than a bond/interest rate index.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	
148.	The fixed account is subject to a market value adjustment and the forms and market value adjustments comply with Regulation 136.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	* <input type="checkbox"/>	
149.	The policy describes the Fixed Interest Account, including the minimum guarantees of interest and method of crediting interest.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Death Benefit</b>					
150.	The amount and/or calculation of the death benefit is described in compliance with 11 NYCRR 54.1 (f-h).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
151.	The policy indicates that any changes in the variable death benefits are determined at least annually. 11 NYCRR 54.6(a)(5).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
152.	The policy offers a minimum death benefit guarantee.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Death Benefit for Joint Life Policies</b>					
153.	This is a survivorship form and the policy describes the death benefit, if any, payable on the death of the first insured(s) and the death benefit payable on the death of the last to die.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
154.	This policy is a first to die or survivorship policy and defines who is considered the first insured to die when both insureds die at the same time.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
155.	This is a first to die or survivorship policy and the joint product checklist has been included in the submission.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Participating In Surplus</b>					
156.	The policy is participating and complies with §§3203(a)(6), 4231 and Circular Letter No. 4 (1963), Sections II(F)(2) and (3), and 11 NYCRR 54.6(c)(1).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

157.	All four dividend options of §4231(b)(1) are set forth in the policy and comply with Section IV.E.11(c) of the product outline.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
158.	Participating policy indicates if dividends are not expected to be paid.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
159.	The automatic dividend option when none is elected is paid up additions and there is language to that effect in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
160.	Additional supplemental benefits attached to a participating policy are <u>not</u> labeled or described as non-participating.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Misstatement of Age or Sex</b>				
161.	The policy provides for a Misstatement of Age or Sex provision and complies with §3203(a)(5) and Section II(H)(8) of Circular Letter No. 4 (1963).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
162.	The policy provides only for a Misstatement of Age provision because it is a unisex policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
163.	An adjustment in cases of discovery at time of death is based on adjustment of the net amount at risk by the ratio of the incorrect COI rate to the correct COI rate.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
164.	A method of adjustment other than described above is used and such method is described in the submission letter.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Settlement Options</b>				
165.	The policy provides that the death benefit is payable only in a lump sum.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
166.	The policy provides that the death benefit is payable only in installments.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
167.	The policy provides that the death benefit may, in addition to the lump sum, be paid in installments.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

168.	The policy provides for installment or annuity payments and a table is provided in the policy. The guaranteed interest rate is _____ and the annuity table used is _____.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
169.	The settlement options comply with §3203(a)(9) and Circular Letter No. 4 (1963), Section II(J)(1) and 11 NYCRR 54.6 (b)(11).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
170.	The policy language does <u>not</u> provide for the placement of death benefits into a checking or other type of account.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Policy Account Value</b>					
171.	Policy provides a full description of the benefit base and of the method of calculation and application of any factors used to adjust variable benefits under the policy 11 NYCRR 54.6 (b)(5).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
172.	The order of application of charges and credits is described in the policy. All related terms are fully defined in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
173.	Policy contains statement of essential features of procedures used to determine dollar amount of variable elements. §4240(a)(11)(A).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
174.	Policy defines the methods/formulas used to compute policy value and cash surrender value on any given date. 11 NYCRR 54.6(a)(9).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
175.	Policy value and cash surrender value are determined at least monthly. 11 NYCRR 54.7.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
176.	The policy is credited with the full amount of the net investment return applied to the benefit base. 11 NYCRR 54.6(a)(4).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
177.	Mortality and expense risks are borne by the insurer. 11 NYCRR 54.6(a)(1).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
178.	Additional amounts (mortality or expense charges or interest credits more favorable than guaranteed) are credited to the policy not less frequently than annually. 11 NYCRR 54.6(a)(1) and if applicable, §3203(a)(14).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

179.	Policy indicates which cost factors are subject to adjustment.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
180.	Policy specifies guaranteed factors of interest, mortality, and expenses. Interest and expense factors are on specification page. Table of mortality charges (COI rates) and basis of table is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
181.	Future reductions in current expenses, mortality or risk charges and/or future additional credits are being illustrated and such reductions and credits are guaranteed in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
182.	Future reductions in current expenses, mortality or risk charges and/or additional credits are being illustrated but are <u>not</u> guaranteed in the policy. A copy of the portion of the illustration which relates to the reductions and/or credits and the non-guaranteed nature of the reductions and/or credits is provided to the Department in the submission package and the non-guaranteed nature of the reductions and/or credits is clearly shown.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
183.	The policy ensures that additional amounts are nonforfeitable after crediting, except indirectly due to surrender charges. §3203(a)(13)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
184.	If there is a possibility that 2 or more different rate classes could apply at the same time (e.g., due to a change in class prior to a face amount increase), the policy form or the submission materials (e.g., nonforfeiture statement) describe how the net amount at risk for COI calculation purposes is allocated. Similarly, if there are 2 or more rate classes applicable to the face amount, the policy form or the submission materials describe how a decrease in face amount would be allocated to those classes.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
	<b>Nonforfeiture Provisions</b>				
185.	A table or description of surrender charges required by 11 NYCRR 54.6(b)(9) is included.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
186.	The policy describes a summary of the method of computation of cash surrender values and other nonforfeiture benefits. 11 NYCRR 54.7.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/

187.	The policy explains how nonforfeiture benefits are affected by loans.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
188.	The policy provides sufficient detail to allow the policyowner to determine the surrender charge applicable upon a partial withdrawal or face amount decrease and to determine how the remaining surrender charge schedule is impacted by a partial withdrawal or face amount decrease.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
189.	For policies with a fixed account, the policy specifies that at least once each year, the insured has the option to transfer all separate account funds to the fixed account and apply the cash surrender value to purchase a guaranteed fixed paid-up benefit, 11 NYCRR 54.7(b)(5)(iii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Nonforfeiture Provisions with General Account</b>					
190.	The policy specifies the mortality table, interest rate and method used in calculating cash surrender value and any paid-up nonforfeiture benefits available under the policy. §§3203(a)(7)(A) and 4221(a)(5).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
191.	The policy either provides a detailed statement of the method used by the insurer in calculating any cash surrender value and any paid-up nonforfeiture benefit or contains a statement that such method of computation has been filed with the Department (§§3201(c)(5) and 4221(a)(6)).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
192.	The policy has a statement of the method to be used in calculating the cash surrender value and paid-up nonforfeiture benefit available under the policy on any anniversary beyond the last anniversary for which such values and benefits are consecutively shown in the policy form. §3201(c)(5).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
193.	The policy and certificate state that the cash surrender values and nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by any statute of the state in which the policy is delivered. Section 4221(a)(6).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

194.	The policy reserves the right to defer any loan, except when made to pay premium, for six months after receipt of the loan application, §4222(b).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
195.	The policy provides a statement of the cash surrender value of the policy will be furnished to the policyholder within twenty business days from the date of written request. §4221(c)(5)	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
<b>Exchange Provisions</b>					
196.	Policy contains an exchange provision in compliance with 11 NYCRR 54.6 (b) 7(i) through (iv).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
197.	The Company will use a fixed account to which all separate account funds can be transferred without restriction to comply with the exchange requirement and the Company can demonstrate that this approach is more favorable to the policyholder. 11 NYCRR 54.6 (b) – lead sentence.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
<b>Conversion Provision for Material Change</b>					
198.	Policy contains a conversion provision for a material change in the investment policy of a separate account that complies with 11 NYCRR 54.4 (c) and 54.6 (b)(12).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
199.	The Company will use a fixed account to which all separate account funds can be transferred without restriction to comply with the conversion requirement and the Company can demonstrate that this approach is more favorable to the policyholder. 11 NYCRR 54.6 (b) – lead sentence.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
<b>Deferral Provisions</b>					
200.	Policy contains deferral provision for policies where no premium is in default or policy is being continued under a variable nonforfeiture benefit for payment of the variable death benefit in excess of any minimum death benefit, cash surrender values, policy loans or partial withdrawals. The policy language complies with 11 NYCRR 54.6 (b)(8)(i).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/

201.	Policy contains a deferral provision for policies being continued under a fixed nonforfeiture benefit or to the extent benefits are being paid from the general account with respect to the payment of any cash surrender value or loan. The policy language complies with 11 NYCRR 54.6 (b)(8)(ii).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Other Provisions:</b>				
	<b>Interest on Surrenders, Policy Loans</b>				
202.	The policy provides for a deferral period on the payment of surrenders and/or policy loans and the language in the policy, if any, complies with §3227 including the reference to a "10" day period and the applicable interest rate which is the current interest rate payable on the interest only settlement option. If there is policy language on this issue, complete page and paragraph reference in the checklist column.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Interest on Death Proceeds</b>				
203.	Payment of interest on death claims and any policy language complies with §3214. If there is policy language on this issue, complete page and paragraph reference in the checklist column.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Ownership and Beneficiary Provisions</b>				
204.	In the event of simultaneous death, policy does contain an automatic survivorship provision. The language "unless otherwise provided" is included so the policyowner can choose another alternative.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
205.	Any change in the owner or beneficiary designation is effective on the date the notice was signed, subject to any actions taken by the insurer prior to receipt of this notice by the insurer.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
206.	Irrevocable beneficiaries are permitted and the provision explains that such beneficiaries cannot be changed without the consent of the irrevocable beneficiary.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

207.	Contingent owner, joint owner, primary, secondary and multiple beneficiary provisions, if any, are fully described.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Assignment</b>					
208.	The policy is freely assignable unless the policy expressly prohibits or restricts the right of assignment, §3220(c).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
209.	The policy permits assignment of a covered person's rights but does not restrict the covered person from making assignments other than by gift, §7809.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Claims of Creditors</b>					
210.	Policy provisions relating to claims of creditors are in compliance with §3212.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
211.	Policy contains statements from §4240(a)(1) and (a)(12) if Separate Account assets are to be insulated from claims of insurance creditors.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Proof of Loss</b>					
212.	Policy indicates that due proof of death must be provided to insurer.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Secondary Guarantees</b>					
213.	Policy contains a no lapse guarantee. The guarantee period is _____ (please identify).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
214.	The policy language indicates that a negative account value (or unpaid charges) will be accumulated during the no-lapse guarantee period and advises as to whether or not the accumulated deficit needs to be repaid by the policyowner at the end of the no-lapse period.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
215.	A negative account value (or unpaid charges) will be accumulated during the no-lapse guarantee period and rates for the cost of insurance can be applied to a base in excess of the death benefit.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

216.	A negative account value (or unpaid charges) will be accumulated during the no-lapse guarantee period and the death benefit can be reduced to reflect the negative account value (or unpaid charges).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
217.	A negative account value (or unpaid charges) will be accumulated during the no-lapse guarantee period and the specification page contains a prominent statement that based on payment of the no-lapse premium, an additional lump sum payment may be required to keep the policy in force at the end of the no-lapse period and that the policyowner may contact the company for additional information.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
218.	The policy and the annual report describe in a prominent place any policyowner action (e.g. partial withdrawal or loan) that will nullify the secondary guarantee.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
219.	The secondary guarantee is provided by rider.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
220.	The policy language indicates whether or not the secondary guarantee feature can be reinstated and the conditions for reinstatement.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
221.	The policy language advises how and when the insurer will verify that the secondary guarantee conditions continue to be met.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
222.	The policy language states that the policyowner will be notified when an additional premium payment or any other action is required to maintain the secondary guarantee.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
223.	The policy language indicates that the secondary guarantee can terminate even though the policy remains in force.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
224.	Policy contains a secondary guarantee that is other than no lapse. If so, it is described in the submission letter and in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Partial Withdrawals</b>				
225.	This policy provides for partial withdrawals.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

226.	This policy contains a provision describing how partial withdrawals operate and the order in which partial withdrawals will be made.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
227.	This policy provides that the net amount of risk cannot be increased by making a partial withdrawal.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Maturity Date</b>				
228.	Policy contains a Maturity Date beyond age 100 or permits the policy to continue beyond age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
229.	A maturity date extension is provided by rider.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
230.	There is a net amount at risk beyond age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
231.	There is no net amount at risk beyond Age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
232.	Policy contains provision indicating whether policy loans, partial withdrawals and transfers among funds are permitted after age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
233.	The policy provision indicates that there will be no cost of insurance charges or other charges except for service charges, administrative charge and charges made as a reduction in investment return as provided for in 11 NYCRR 54.7(b)(1)(iii, iv and vii). Please identify the type and amount of charges that will continue to be made here _____.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
234.	The policy provision indicates no further premium payments, except as needed to keep the policy from lapsing, will be accepted after age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
235.	The policy provision indicates that loan repayments are permissible after age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
236.	Prominent disclosure statement, indicating that the policy may not qualify as life insurance after age 100, may be subject to adverse tax consequences and a tax advisor should be consulted before choosing to continue the policy after age 100, is in the policy.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

237.	Policy contains provisions explaining the relationship between payment of a planned premium and coverage to age 100.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Arbitration</b>					
238.	The policy language does not provide for binding mandatory arbitration.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
239.	The policy language provides for voluntary non-binding arbitration.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
<b>Waiver of Surrender Charges or Reductions in Fees</b>					
240.	The policy provides for a waiver of surrender charges or reduction in fees based on total and permanent disability in accordance with the provisions of Section 3215 of the Insurance Law.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
241.	The policy provides for a waiver of surrender charges or reduction in fees based on disability as defined in a manner the insurer feels is more favorable than the provisions of Section 3215.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>		_____ / _____
242.	The policy provides for a waiver of surrender charges or reduction in fees based upon terminal illness, nursing home confinement or the provision of long term care either at home or in a nursing home.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>		_____ / _____
243.	The policy with the waiver of surrender charges or reduction in fees will not be marketed, advertised or sold as long term care coverage or as an alternative to long term care insurance.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>		_____ / _____
<b>Exclusions</b>					
244.	The policy does not provide for exclusions from paying the death benefit, disability benefit, accidental death and dismemberment benefit, or accidental death benefit due to terrorism.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
245.	The policy does not provide for exclusions from paying the death benefit due to medical conditions.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
246.	The policy provides for a war exclusion and the	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

	policy language complies with §3203(c)(1) and 3203(b)(3).				
247.	The policy provides for an aviation exclusion and the policy language complies with §§3203(b)(1) and 3203(b)(3).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
248.	The policy provides for a hazardous occupation exclusion and the policy language complies with §§3203(b)(1) and 3203(b)(3).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
<b>Annual Reports to Policyholders</b>					
249.	Annual Report is in compliance with 11 NYCRR 54.11.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
250.	The policy contains a no-lapse guarantee and the annual report states whether the no-lapse guarantee is in effect as of the date of the annual report.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
<b>Miscellaneous</b>					
251.	The policy permits the Company to require evidence of insurability if, at the time of a death benefit option change, the net amount at risk is increased. Otherwise, a change in death benefit option is not subject to evidence of insurability.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
252.	Policy provides that any automatic increase in face amount i.e. increases that are not requested by the policyholder, are not subject to evidence of insurability.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
253.	Policy states that changes made by policyowner, including payment of additional premium and increases in planned premiums that result in an increase in the net amount at risk, require evidence of insurability and/ or the premium may be refused.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
254.	Policy provides that any excess premium payments over the maximum amount that can be paid under §7702 of the Internal Revenue Code will be refunded.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
255.	Policy sets forth any limitations on policy changes such as the minimum and maximum amount and number of face amount increases or decreases allowed.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
256.	The policy (and certificate) includes a provision	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/

	that states the method or formula used by the insurer in calculating actual policy values. §3203(a)(12).				
257.	The variable funds in the Separate Account are on the policy specification page or in an application that is attached to and made part of the policy. The funds are bracketed to denote variable material.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Transfers Between Accounts</b>				
258.	Policy indicates any restrictions on the number of transfers permitted, charges for the transfers, monetary limitations and timing restrictions.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Policies with All Charges Expressed as a % of Account Value</b>				
259.	This is a policy that expresses all charges as a percent of the account value.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
260.	The policy provisions regarding partial withdrawal and death benefit options include information about adjustments to the death benefit following partial withdrawals.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
261.	The partial withdrawal provision provides for a pro rata reduction in the death benefit following a partial withdrawal.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
262.	The partial withdrawal provision does not provide for a pro rata reduction in the death benefit following a partial withdrawal and justification is provided.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
263.	The policy form has all charges expressed as a percent of the account value and the maximum mortality charges are based on a traditional net amount at risk formula using a table in compliance with 11 NYCRR 54.7(b)(4).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Dividend Recognition Issues</b>				
264.	Loans affect the amount of dividends payable, and this is disclosed in the policy's loan and dividend provisions and in the sales illustration.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Policies for the Section 403(b) Market</b>				
265.	The policy will be used in the §403(b) market.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

266.	The policy complies with Circular Letter No. 16 (1993) and §3203(a)(8)(J), 4221(q).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
267.	The policy has a loan provision that complies with Section 72(p) of the IRC.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
268.	Policy is on a unisex basis or a unisex endorsement is used.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
269.	The disclosure form required by §3209(j) is attached.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Minors</b>				
270.	The policy will be issued to minors under the age of 14 and one half.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
271.	If policy is issued on a minor (under the age 14 ½), it will be endorsed with respect to the monetary limitations of §3207. Endorsement _____ approved ____ will be used.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>II. Riders</b>				
272.	A waiver of premium rider based upon total and permanent disability is included in submission.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
273.	A waiver of monthly deductions rider based upon total and permanent disability is included in this submission.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
274.	The waiver of premium rider or monthly deductions rider complies with §3215 and §IV(A) of Circular Letter No. 4 (1963).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
275.	The waiver of premium rider does not operate to guarantee that the policy will not lapse and a disclosure form to be signed by the applicant to that effect is attached as part of the submission. In addition, the submission letter advises that the insurer will notify the policyholder by letter or notice at time of disability that the rider does not guarantee the policy will not lapse.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
276.	A waiver of premium rider which does not guarantee the policy will not lapse will only be sold in conjunction with the waiver of monthly deduction rider (therefore the disclosure above is not required).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

277.	An accidental death benefit rider is included in this submission.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
278.	The accidental death benefit rider complies with §IV(B) of Circular Letter No. 4 (1963).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
279.	Any exclusion in an accidental death benefit rider based on the taking of drugs excludes those drugs prescribed by a member of the medical profession.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
280.	A guaranteed insurability option rider is included in this submission.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
281.	The guaranteed insurability option rider complies with §IV(C) of Circular Letter No. 4 (1963).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
282.	The guaranteed insurability option rider permits the purchase of additional coverage on the following events identified in the rider:  _____ _____ _____ _____	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
283.	A spouse or other insured term rider is included in this submission and the individual term checklist and actuarial checklist are included.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
284.	The spouse term rider provides coverage until the spouse's age _____ (please identify).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
285.	The insurance upon the life of the spouse cannot exceed the amount of insurance for which the employee or member is insured at the time application is made for spouse coverage.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
286.	No coverage is provided for a domestic partner.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
287.	In the event of suicide of the insured under the base policy, coverage for the spouse will continue either under this rider or through a conversion provision and the language of the spouse rider so provides.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
288.	If coverage for the spouse continues through a conversion provision there is a time period for exercising the conversion, which is not less than 30 days after the death of the base insured (including death by suicide).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/
289.	A children's term rider is included in this submission and the individual term checklist and	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	/

	actuarial checklist are included.				
290.	The class of eligible children defined at issue is consistent with the class of eligible children defined after issue.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
291.	New coverage for a dependent child will not exceed \$4,000.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
292.	In the event of suicide of the insured under the base policy, coverage for the children will continue either under this rider or through a conversion provision and the language of the children's rider so provides.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
293.	If coverage for the children continues through a conversion provision there is a time period for exercising the conversion which is not less than 30 days after the death of the insured under the base policy (including death by suicide).	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
294.	The provision of group life insurance for a spouse or dependent child requires evidence of insurability sufficient to protect the company against substantial adverse selection.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>Term Life Riders on the Life of the Same Insured as the Base Policy</b>				
295.	Submission contains term life riders on the insured covered under the base policy and the individual term checklist and actuarial checklist are included.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
296.	The term rider develops no separate policy values.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
297.	The term rider complies with Regulation 149.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
298.	Term rider costs are shown separately on the policy specification pages.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____
	<b>II. Separate Account Plan of Operations</b>				
299.	Plan of Operations for this policy has been filed for approval, as required by §4240(e). The Plan of Operations was filed with the Department on _____. The Plan of Operations was approved on _____ and a copy of the approval letter is enclosed.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	_____ / _____

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	<b>III. Other</b>				
300.	Any substantive provisions or features provided by the terms or operation of this policy which have not been addressed by this checklist, are set forth in an attachment to this checklist or identified in the submission letter.	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>	<u>                  /                  </u>

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>IV. Actuarial Section</b>			
301.	I am a member of the Society of Actuaries or the American Academy of Actuaries and I meet the "Qualification Standards for Prescribed Statements of Actuarial Opinion" as adopted by the American Academy of Actuaries at the time of completion of this checklist. (Note: the Department considers this checklist to be a Prescribed Statement of Actuarial Opinion.)	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
302.	I have read the forms and supporting material submitted with the filing and.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
	<b>Nonforfeiture Certification</b>			
303.	Each policy form under all applications of the variable material submitted is in compliance with the nonforfeiture requirements of the New York Insurance Law and New York Insurance Regulations applicable to <u>individual</u> variable life insurance. Forms reviewed for compliance were (list policy form numbers): _____	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
304.	The nonforfeiture values may be less than required by New York Law and regulation for individual policies.  An actuarial memorandum is included on nonforfeiture values addressing the appropriateness of nonforfeiture values that may be less than required by New York Law and regulation for individual policies.	YES <input type="checkbox"/>  YES <input type="checkbox"/>	N/A <input type="checkbox"/>  N/A <input type="checkbox"/>	* <input type="checkbox"/>  * <input type="checkbox"/>
	<b>Nonforfeiture Memorandum</b>			
305.	A complete statement of the method of computation of cash surrender values and other nonforfeiture benefits is provided as required by 11 NYCRR 54.7.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>
306.	The statement of the nonforfeiture method includes sample projections (including beginning and ending account value and cash surrender value and all policy cost factors) so that the account value mechanics can be fully understood.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	* <input type="checkbox"/>

The signature below applies to the Actuarial Section only.

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_