

**APPENDIX 10A**

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK**

**DISCLOSURE STATEMENT**

**IMPORTANT** - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW POLICY OR 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 COMPARISON INFORMATION BETWEEN YOUR EXISTING INSURANCE POLICY OR ANNUITY CONTRACT AND THE NEW POLICY OR CONTRACT.

- **IMPORTANT 60 DAY REFUND PERIOD:**

IF YOU ARE NOT SATISFIED WITH YOUR NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR POLICY OR CONTRACT, TO RETURN IT AND RECEIVE A REFUND.

- 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 this Disclosure Statement with policy information on all proposed and existing coverage affected.

Name of Applicant \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

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

Company \_\_\_\_\_ Address \_\_\_\_\_

The information on existing coverage on this form was obtained from  
\_\_\_\_ the replaced company  
\_\_\_\_ approximations if replaced company failed to provide information in the prescribed time

1. DESCRIPTION OF TRANSACTION:

AS OF DATE:

| Proposed Policy/Contract |                          | Existing Policies/Contracts Affected |               |               |
|--------------------------|--------------------------|--------------------------------------|---------------|---------------|
|                          |                          | (1)                                  | (2)           | (3)           |
| _____                    | Company                  | _____                                | _____         | _____         |
| _____                    | Customer Service         |                                      |               |               |
| _____ - _____            | Telephone Number:        | _____ - _____                        | _____ - _____ | _____ - _____ |
| _____                    | Type of Insurance        | _____                                | _____         | _____         |
| \$ _____                 | Face Amount              | \$ _____                             | \$ _____      | \$ _____      |
| \$ _____                 | Rider _____              | \$ _____                             | \$ _____      | \$ _____      |
| \$ _____                 | Rider _____              | \$ _____                             | \$ _____      | \$ _____      |
| \$ _____                 | Rider _____              | \$ _____                             | \$ _____      | \$ _____      |
| \$ _____                 | Rider _____              | \$ _____                             | \$ _____      | \$ _____      |
| \$ _____                 | Rider _____              | \$ _____                             | \$ _____      | \$ _____      |
| \$ _____                 | Premium                  | \$ _____                             | \$ _____      | \$ _____      |
|                          | Contract Number          | # _____                              | # _____       | # _____       |
|                          | Issue Date               | _____                                | _____         | _____         |
| \$ _____                 | Surrender Charge         | \$ _____                             | \$ _____      | \$ _____      |
| _____ %                  | Guaranteed Interest Rate | _____ %                              | _____ %       | _____ %       |
| _____ %                  | Loan Interest Rate       | _____ %                              | _____ %       | _____ %       |
| _____ Years              | Contestable Expiry Date  | _____ M/Y                            | _____ M/Y     | _____ M/Y     |
| _____ Years              | Suicide Expiry Date      | _____ M/Y                            | _____ M/Y     | _____ M/Y     |

Existing coverage to be changed by:

|                      |               |               |               |
|----------------------|---------------|---------------|---------------|
| Lapse or Surrender   | [ ]           | [ ]           | [ ]           |
| Amendment or Reissue | [ ]           | [ ]           | [ ]           |
| Loan or Withdrawal   | [ ]           | [ ]           | [ ]           |
| Reduction To         | \$ _____      | \$ _____      | \$ _____      |
| Reduced Paid-Up For  | \$ _____      | \$ _____      | \$ _____      |
| Extended Term For    | __ Yrs __ Mos | __ Yrs __ Mos | __ Yrs __ Mos |

|                         |            |          |          |          |
|-------------------------|------------|----------|----------|----------|
| Cash released by change | Year _____ | \$ _____ | \$ _____ | \$ _____ |
|                         | Year _____ | \$ _____ | \$ _____ | \$ _____ |
|                         | Year _____ | \$ _____ | \$ _____ | \$ _____ |

Use of cash released: \_\_\_\_\_

DISCLOSURE STATEMENT CONTINUED:

2. SUMMARY RESULT COMPARISON:

New With Existing Coverage Changed

Existing Coverage Unchanged

| Guaranteed | Non-Guaranteed | Annual Premium  | Guaranteed | Non-Guaranteed |
|------------|----------------|-----------------|------------|----------------|
| \$_____    | \$_____        | At Present      | \$_____    | \$_____        |
| \$_____    | \$_____        | 5 Years Hence   | \$_____    | \$_____        |
| \$_____    | \$_____        | 10 Years Hence  | \$_____    | \$_____        |
| Guaranteed | Non-Guaranteed | Surrender Value | Guaranteed | Non-Guaranteed |
| \$_____    | \$_____        | At Present      | \$_____    | \$_____        |
| \$_____    | \$_____        | 5 Years Hence   | \$_____    | \$_____        |
| \$_____    | \$_____        | 10 Years Hence  | \$_____    | \$_____        |
| Guaranteed | Non-Guaranteed | Death Benefit   | Guaranteed | Non-Guaranteed |
| \$_____    | \$_____        | At Present      | \$_____    | \$_____        |
| \$_____    | \$_____        | 5 Years Hence   | \$_____    | \$_____        |
| \$_____    | \$_____        | 10 Years Hence  | \$_____    | \$_____        |
| Guaranteed | Non-Guaranteed | Dividends       | Guaranteed | Non-Guaranteed |
| \$_____    | \$_____        | At Present      | \$_____    | \$_____        |
| \$_____    | \$_____        | 5 Years Hence   | \$_____    | \$_____        |
| \$_____    | \$_____        | 10 Years Hence  | \$_____    | \$_____        |

**AGENT'S OR BROKER'S STATEMENT:**

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

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

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

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**REMARKS:**

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

3.

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 for all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts. Sales material, including any proposal used, has been provided to the insurer. Copies of the sales material and any proposal have also been given to the applicant.

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

Date: \_\_\_\_\_ Signature of Agent or Broker: \_\_\_\_\_

**\*\*\* Applicant Acknowledgement**

I hereby acknowledge that I received and read the above "Disclosure Statement."

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

\*\*\* Applicant Acknowledgment may be included or omitted at insurer's option.