# REQUEST FOR POLICY INFORMATION IN CONNECTION WITH NEW YORK REPLACEMENT REGULATION 60

#### To the Existing Insurer:

In accordance with New York State Regulation 60, this notice is being furnished to you by a representative of The United States Life Insurance Company in the City of New York (USLife). Please take note that an existing life insurance or annuity policy(ies) issued by your Company may be replaced (as defined in this regulation) by life insurance or annuity policy(ies) issued by USLife.

Regulation 60 requires that replacing agents must request certain information from the existing insurer necessary to complete required "Disclosure Statements" relative to the life insurance or annuity policy(ies) to be replaced. A list of the policies issued by your company to be replaced is attached to this form and indicates the action proposed to be taken by with respect to each life insurance policy or annuity contract.

Please provide all necessary disclosures as required by New York insurance law within twenty (20) days of receipt of this correspondence. As required by law, please send this information to both the replacing agent and to USLife at the addresses indicated on the attached form.

Please note that Regulation 60 requires the agent to prepare Disclosure Statements that include your Company's policy values as they would exist after the proposed replacement transaction and also as they would exist if the proposed change did not occur. This information is therefore requested from your Company.

Also, please note that if this requested response is not received by the replacing agent within 20 days of your receipt of this communication, the agent may estimate values when completing the Disclosure Statements and USLife is required by law to report your lack of response to the Department of Financial Services of the State of New York.

The policyowner's signed	l authorization appears	on the attached form.
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Thank you,

The United States Life Insurance Company

#### REQUEST FOR POLICY INFORMATION IN CONNECTION WITH NEW YORK REPLACEMENT REGULATION 60

	<b>EXISTING INSURER</b>	REPLACING INSURER	REPLACING AGENT
Name:		United States Life	
Attention:		New Business Department	
Street Address:		1050 North Western Street Amarillo, TX 79106	
P.O. Box:		P.O. Box 90503	
City, State, Zip:		Amarillo, Tx 79105-4003	
Telephone:		Telephone: (888) 436-4974	
Fax:		Fax: (800) 250-9245	

### THE PROPOSED TRANSACTION WILL AFFECT EXISTING POLICY(IES) AS DESCRIBED BELOW:

	POLICY #1	POLICY #2
Policy Number		
Name of Insured(s)		
Name of Policyowner(s)		
Lapse or Surrender	□ Yes □ No	□ Yes □ No
Loan or Withdrawal: (Amount)	\$	\$
Death Benefit Reduction to: (Face)	\$	\$
Reduced Paid-Up For: (Face)	\$	\$
Cash released by change: (Amount)	\$	\$
Extended Term to: (Date)		
Other, including Amendments and Reissues (if Yes, explain. Use	□ Yes □ No	□ Yes □ No
additional pages as necessary)		

### **Policyowner's Authorization:**

I hereby request and authorize the Existing Insurer to furnish the Replacing Agent and The United States Life Insurance Company with an in-force reprojection that complies with New York Insurance Regulation 60 disclosure requirements on the above policy(ies) within twenty (20) days of receipt of this notice.

Policyowner's Signature	Date
Policyowner's Signature	 Date

## DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK **DEFINITION OF REPLACEMENT**

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN OR IS IT LIKELY TO BE-

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	RENDERED, PARTIALLY IE LIFE INSURANCE POLIC		·		TERMINA T	TED?
UNDER ANOTH	MODIFIED INTO PAID-UP HER FORM OF NONFORFE ORFEITURE BENEFITS, DI' ?	EITURE BENEFIT; (	OR OTHERWIS	E REDUCED	) IN VALU	E BY THE
				YES	NO	_
LIFE INSURANC	MODIFIED SO AS TO EFF CE OR ANNUITY BENEFIT ( FIT WILL CONTINUE IN FO	OR IN THE PERIOD				
				YES	NO	_
` ALL TRANSAC	TH A REDUCTION IN AMOU FIONS WHEREIN AN AMOU ED ON ONE OR MORE OF	JNT OF DIVIDEND	ACCUMULATION			
				YES	NO	_
PORTION OF T	COLLATERAL FOR A LOAN THE LOAN VALUE, INCLUD NS OR PAID-UP ADDITION CIES?	ING ALL TRANSAC	CTIONS WHERE	ein any am	OUNT OF	DIVIDEND
				YES	NO	_
(6) CONTINUED W PAID?	ITH A STOPPAGE OF PREI	MIUM PAYMENTS (	OR REDUCTION	N IN THE AM	OUNT OF	PREMIUM
. ,				YES	NO	_
YORK INSURANCE REQUIRED TO PROVIDINSURANCE POLICIES	RED YES TO ANY OF THE GULATION 60 HAS OCCUR DE YOU WITH THE IMPORT OR ANNUITY CONTRAC R THAN THE TIME YOUR N	RED OR IS LIKELY <u>FANT</u> NOTICE REG TS. YOU WILL <i>F</i>	TO OCCUR AN ARDING REPL ALSO RECEIVE	ND YOUR AG ACEMENT C E A COMPL	ENT OR E R CHANG ETED DIS	BROKER IS SE OF LIFE
Date:	_Signature of Applicant:					
Date:	Signature of Applicant:					
TO THE BEST OF MY K	NOWLEDGE, A REPLACEM	MENT IS INVOLVED	IN THIS TRANS	SACTION: YE	ES N	0
	Signature of Agent or Bro					

USL1002N Rev0515

# DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS

#### THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION 60)

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

- CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.
- 2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
- 3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

- 1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
- 2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
- 3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
- 4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.

- 5. There may have been changes in your health since the purchase of the existing coverage.
- 6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

<u>IMPORTANT</u>: THIS RIGHT SHOULD <u>NOT</u> BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S
  REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE
  PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF
  INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

<u>IMPORTANT</u>: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

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

Date:	Signature of Applicant:
	Signature of Applicant: