

**Ameritas Life Insurance Corp. of New York**  
P.O. Box 40888, Cincinnati, OH 45240  
877-280-6110, Fax 513-595-2352  
(Client Service Office)

**The Union Central Life Insurance Company**  
P.O. Box 40888, Cincinnati, OH 45240  
800-319-6901, Fax 513-595-2352  
(Client Service Office)

1. The Notice of Insurance Information Practices must be given to the client prior to completion of the application.
2. The proposed insured, spouse, and applicant, if any, must sign the form where indicated.
3. We will not accept applications on minors younger than fifteen (15) days old. A parent or guardian must give consent to any applicant under age 18.
4. ALL questions must be answered. Changes to answers must be initialed and dated by the proposed insured and the applicant, if the applicant is not the proposed insured. Do not use white out to change any answers, or fill in any blank information after the application has been signed.
5. Taxpayer Identification Number and Certification form must be completed and returned to the Home Office.
6. If a life insurance or annuity contract is being replaced, you must follow appropriate replacement procedures.
7. Advise all clients that qualify for the EZ App process that full underwriting is available.
8. All premium payments must be written to the issuing company. If multiple companies including Ameritas Life of NY are involved, one check may be written to Ameritas Life of NY. If multiple companies are involved without Ameritas Life of NY, then the check can be written to either of the companies.

**TRADITIONAL & UNIVERSAL LIFE**       **DISABILITY INCOME**       **EZ APP**

Included?

<b>Application Kit</b>	Provide to Insured	UN 2550 NI NY	Notice of Insurance Practices	<input type="checkbox"/> Yes	N/A
		Always Submit	UN 2550 PI NY	Personal Information for Ameritas Life of NY Policies	<input type="checkbox"/> Yes
	UN 2550 PI-A NY		Personal Information for VUL and DI policies	<input type="checkbox"/> Yes	N/A
	UN 2550 PD NY		Universal Life/Traditional Life / Term Policy Details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Submit as Required		UN 2550 PI-B NY	Personal Information (only as necessary) for DI policies	<input type="checkbox"/> Yes
		UN 2550 FI NY	Life Financial Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		or			
		UN 2550 DI NY	Disability Income Policy Details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		UN 2550 DI FI NY	Disability Income Occupation and Financial Details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		UN 2550 LQ NY	Lifestyle Questionnaire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		UN 2550 HQ NY	Health Questionnaire (for each proposed insured)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Always Submit	UN 2550 AU NY	Authorization	<input type="checkbox"/> Yes	N/A
		UN 2550 AG NY	Agreement	<input type="checkbox"/> Yes	N/A
		UN 2550 PS NY	Producer's Statement	<input type="checkbox"/> Yes	N/A
UN 2550 CR NY		Conditional Receipt**	<input type="checkbox"/> Yes	N/A	

\*If the coverage requested is within the Company's nonmedical limits, no other application forms are required. If the coverage requested exceeds our published nonmedical limits, a medical or paramedical examination should be obtained. For teleunderwriting (EZ App), you are not responsible for obtaining an exam. If you learn of any adverse information after the application has been submitted and before the policy is issued or delivered, you are required to report it immediately.

\*\*Conditional Receipt is given to the premium payor whenever full initial premium is collected. Do not accept premium if the amount of life insurance requested exceeds a death benefit of \$1,000,000, or \$8,000 per month of Disability Income or Disability Overhead Expense. Also, premium should not be accepted if the proposed insured is age 75 or older, or has been treated for heart disease, diabetes, stroke, or cancer within the past 12 months, or has been admitted to a medical facility within the past 90 days. Premium payments must be made by personal or business check only. No cash, money orders, traveler's checks or bank checks are permitted. All premium checks must be made payable to the appropriate Company.

Securities offered through affiliate Ameritas Investment Corp., member FINRA and SIPC.