

Disability Income

Occupation and Financial Details

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

a) Annual Earned Income for Federal income tax purposes: (*Fill in each applicable section.) Year (Annualized) Salary/ W2 wages: \$ \$ \$ Sole Proprietor (Schedule C): \$ \$ \$ \$ \$ Scorp Partnership (Schedule E): \$ \$ \$ \$ SCorp Offer Tit20): \$ \$ \$ \$ \$ Sole Proprietor (*Form Tit20): \$ \$ \$ \$ \$ Other real estate: Other real estate: Other real estate: Personal Property: Other real estate: Personal Property: Other real estate: Personal Property: Other real estate: Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending? I have you ever filed for personal or business bankruptor, or had any lavesuits, judennest, or lens against you? I have you ever filed for personal or business bankruptor, or had any lavesuits, judennest, or lens against you? I have you ever filed for personal or business maker you. Other real estate: Personal Property: Other fred estate: Personal Property: Other fred estate: Personal Property: Other real estate: Personal Property: Other real estate: Personal Property: Other fred estate: Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending? I yes No (if "Yes," give details. Include: dates, amounts, location, and status.) I have you ever filed for personal or business bankruptor, or had any lavesuits, judennests, or lens against you? I yes No (if "Yes," give details. Include: dates, amounts, location, overhead expense, laye you, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Social Security Benefit: Automatic Increase Option: Future Increase Option: Futu	1.	Fina	ancial In	formation:			3.	s. Existing Insurance (Replacement):
W2-wages: \$ \$ \$ Company: Sole Proprietor (Schedule C): \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$,	(Fill in eac	ch applicable sed Current Tax	ction.)	Two Tax		insurance company be replaced, reduced or changed if the insurance now applied for is issued? \Box Yes \Box No
Amount to be replaced: \$ Senethies C S		Salai W-2	′y/ wages:	\$	\$	\$		Company:
Partnership (Schedule E): \$ \$ \$ \$ \$ S-Corp (Schedule E): \$ \$ \$ \$ \$ LLC or LLP (Schedule E): \$ \$ \$ \$ \$ LC or LLP (Schedule E): \$ \$ \$ \$ S-Corp (Form 1120): \$ \$ \$ \$ Annual Unearned Income for Federal income tax purposes, if greater than \$20,000 (rental income, interest, dividends, etc.): \$ \$ Do you receive a pension or profit sharing contribution from the business where you work? \$ \$ No (d) If "Yes," what is the annual contribution? \$ Personal residence: \$ Nother (If net worth exceeds \$4,000,000, itemize below.) Cash, savings, stocks, bonds: \$ Personal residence: \$ Nother real estate: \$ \$ Discrepancy: \$ Not (If "Yes," give details. Include: dates, amounts, location, and status.) Personal Property: \$ Nother (If net worth exceeds \$4,000,000, itemize below.) Cash, savings, stocks, bonds: \$ Personal Property: \$ Nother (If sescribe): \$ Nothe				\$	\$	\$		
(Schedule E): \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Partr	nership ´					Other changes:
LLC or LLP Schedule E): \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		S-Co	rp	\$	\$	\$	4.	Insurance Producer's Replacement Statement: To the best of your knowledge, does the policy applied for involve
C-Corp (Form #120]: \$ \$ \$ \$ b) Annual Unearned Income for Federal income tax purposes, if greater than \$20,000 (rental income, interest, dividends, etc.): \$ c) Do you receive a pension or profit sharing contribution from the business where you work? Yes No If Yes,* what is the annual contribution? \$ e) Net Worth: (If net worth exceeds \$4,000,000, itemize below.) Cash, savings, stocks, bonds: \$ e) Personal residence: \$ e) Other real estate: \$ e) Personal Property: \$ e) Other (describe): \$ f) Have you ever filed for personal or business bankruptcy; or had any lawsuits; judgments, or liens against you? Yes No Mortifications currently pending? Yes No Policy 1 Policy 2 Policy 1 Policy 2 Policy 1 Policy 2 Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Yes No If Yes,* Increase Option: Yes No Increase Option: Yes No Increase Option: Yes No Yes No Increase Option: Yes No Yes Yes Yes No Yes		LLC	or LLP ´					replacement, in whole or in part, of any existing life insurance,
b) Annual Unearned Income for Federal income tax purposes, if greater than \$20,000 (rental income, interest, dividends, etc.): \$\frac{1}{2}\$. \$\frac{1}{2}\$ Do you receive a pension or profit sharing contribution from the business where you work? \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ No \$\frac{1}{2}\$ If applying for Business Overhead Expense Insurance, complete the following: a) Not including you, what is the number of employees and partners in your profession in the business where you work? \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ No \$\frac{1}{2}\$ Not including you, what is the number of employees and partners in your profession in the business where you work? \$\frac{1}{2}\$ Personal residence: \$\frac{1}{2}\$ Other real estate: \$\frac{1}{2}\$ Business interest: \$\frac{1}{2}\$ Personal Property: \$\frac{1}{2}\$ Other (describe): \$\frac{1}{2}\$ Personal or business bankruptcy; or had any lawsuits; judgments, or liens against you? \$\frac{1}{2}\$ Have you ever filed for personal or business bankruptcy; or had any lawsuits; judgments, or liens against you? \$\frac{1}{2}\$ Property \$\frac{1}{2}\$ \$\frac{1}{2}\$ Property \$\frac{1}{2}\$ \$\frac{1}{2}\$ Business inderest: \$\frac{1}{2}\$ Uitilities: \$\frac{1}{2}\$ Telephone: \$\frac{1}{2}\$ Business index profits of monthly overhead expenses for which you are responsible: (Exclude: payments or salaries paid to you, partners or employees in your profession.) \$\frac{1}{2}\$ Rent/Lease: \$\frac{1}{2}\$ Uitilities: \$\frac{1}{2}\$ Telephone: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Property Taxes: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Property Taxes: \$\frac{1}{2}\$ Salaries: \$\frac{1}{2}\$ Sal		C-Co	rp				•	other accident and sickness insurance? ☐ Yes ☐ No
erc.): \$ Do you receive a pension or profit sharing contribution from the business where you work? Yes No d) If "Yes," what is the annual contribution? \$ ENET Worth: (If net worth exceeds \$4,000,000, itemize below.) Cash, savings, stoks, bonds: \$ Personal residence: \$ Other real estate: \$ Business interest: \$ Personal Property: \$ Other (describe): \$ f) Have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? Yes No (If "Yes," give details. Include: dates, amounts, location, and status.) 2. Insurance Details: a) Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending? Yes No If "Yes," list coverage details in the following table, (For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Signation from this business where you work Employees Partners Pa		•	Annual Ur	nearned Income for	or Federal income	tax purposes,		
the business where you work?		etc.): \$					a) Not including you, what is the number of employees and	
e) Net Worth: (If net worth exceeds \$4,000,000, itemize below.) Cash, savings, stocks, bonds: \$ Personal residence: \$ Other real estate: \$ Business interest: \$ Personal Property: \$ Other (describe): \$ Other: \$ Salaries: \$ Other: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees in your profession: \$ Salaries of partners or employees: \$ Salaries of pa	the I		the busine	ne business where you work? □ Yes □ No				a) Not including you, what is the number of employees and
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Other real estate: \$ Business interest: \$ Personal Property: \$ Other (describe): \$ I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? I lawsuits, judgments, or liens against yo? I lawsuits, judgments, or liens against yo? I lephone: I labephone: Nortypereliation								are you responsible? <u>%</u>
Personal Property: \$ Other (describe): \$ f) Have you ever filed for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? Yes No (if "Yes," give details. Include: dates, amounts, location, and status.) 2. Insurance Details: a) Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending? Yes No (For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:								
Other (describe): \$ f) Have you ever filled for personal or business bankruptcy; or had any lawsuits, judgments, or liens against you? Yes No (if "Yes," give details. Include: dates, amounts, location, and status.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Social Security Benefit: Automatic Increase Option: Future Increase Option: Future Increase Option: Italiains Utilities: \$ Telephone: Depreciation: Sublikity Insurance: Depreciation: Sublikity Insurance: Depreciation: Sublikity Insurance: Policy Include: dates, amounts, location, and status.) Ves No No No No No No No N								you are responsible. (Exclude: payments of salaries paid to you, partners or employees in your profession.)
Title ((describe): \$								Rent/Lease: \$
Telephone: Telep		T/	,	,				Utilities: \$
Yes No (If "Yes," give details. Include: dates, amounts, location, and status.) Liability Insurance: \$ Liability Insurance: \$ Property Taxes: \$ Salaries: \$		had any lawsuits, judgments, or liens against you?				vou?		Telephone: \$
amounts, location, and status.) Company: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option: Salaries Salaries: Sala			Yes	☐ No (If "Yes,	" give details. Ind	clude: dates,		Depreciation: \$
2. Insurance Details: a) Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending? Yes No b) If "Yes," list coverage details in the following table. (For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:			amounts, l	ocation, and statu	rs.)			Liability Insurance: \$
2. Insurance Details: a) Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending?								
a) Do you have any group or individual disability insurance in force, or for which you will become eligible in the next year, or applications currently pending? Yes No b) If "Yes," list coverage details in the following table. (For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Payroll Taxes: \$ Employee Benefits: \$ Other: \$ Salaries of partners or employees in your profession: \$ \$ Uf you are reimbursed in any manner for any of the above expenses, provide complete details: Expenses, provide complete details: Full to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:	_					-		
force, or for which you will become eligible in the next year, or applications currently pending?	2.	Insu						Mortgage Interest: \$
or applications currently pending? Yes No No If "Yes," list coverage details in the following table. (For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option: Future Increase Option: Issue Date: Future Increase Option: Future Increase Option: Issue Date: Future Increase Option: Future Increase Option: Issue Date: Future Increase Option: Future Increase Op		a)	Do you ha	ve any group or ir	ndividual disability	insurance in		
b) If "Yes," list coverage details in the following table. (For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:								Employee Benefits: \$
(For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.) Policy 1 Policy 2 Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:		b)			•			•
Company: Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:		۷,	(For type of coverage, indicate as: group, individual, association, overhead expense, key person, buy-out, etc.)			ividual, ouy-out, etc.)		\$
Type of Coverage: Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:						Policy 2		e) If you are reimbursed in any manner for any of the above
Total Monthly Benefit: Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:								expenses, provide complete details:
Issue Date: Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:				-				
Paid to Date: Social Security Benefit: Automatic Increase Option: Future Increase Option:				•				-
Social Security Benefit: Automatic Increase Option: Future Increase Option:								
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