

Application for Insurance

Producer's Statement

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 513-595-2532
(Client Service Office)

1. Background Information

a) How well acquainted are you with the purchaser?

First Contact Well Known

Casually Self

Relative (relationship): _____

b) Initial contact with purchaser?

Friend/Relative Direct-Mail Lead

Referred Lead Home-Office Lead

Cold Call

Other: _____

c) Marital Status:

Single Married

Divorced Widowed

2. Was this a Competitive Situation? Yes No

Competing Company: _____

3. Did you receive Home Office Assistance? Yes No
(If yes, please provide details in Producer Remarks.)

4. Life Insurance Information

a) If proposed insured is married, indicate amount of life insurance in force on spouse: \$ _____

b) If proposed insured is under 18 years of age: Amount of insurance in force on life of parents: _____

Estimate parents' worth: _____

Estimate parents' income: _____

c) Are all of proposed insured's minor brothers and sisters insured for an equal amount? Yes No

Purpose of Insurance:

d) Personal Life Insurance

Survivor Needs Mortgage Acceleration

Spouse Insurance Income Replacement

Education Funding Retirement Funding

Other (specify): _____

e) Business

Key Person Deferred Compensation

Business Purchase Executive Bonus (Sec. 162)

Cover Debt Split Dollar

Other (specify): _____

f) Estate

Charitable Gifts Fund Trusts for Heirs

Estate Tax Equalization between Heirs

Other (specify): _____

5. Request for Additional or Alternate Life Policy(ies)

Alternate Policy

Additional Policy

(If requested, provide details): _____

6. Disability Income Insurance Information

a) DI Occupational Class Quoted:

6A 5A 4A 3A 2A A B

6M 5M 4M 3M 2M M

b) BOE Occupation Class Quoted:

B6 B5 B4

Producer Remarks: _____

7. Producer's Certification (Must be Signed and Dated)

I Certify that:

- I have reasonable grounds to believe the purchase of the policy applied for is suitable for the policy owner based on the information furnished by the proposed insured and/or policy owner in this application.
- A current prospectus(es) was (were) delivered to the proposed insured. (Applicable to Variable Products Only.)
- All of the sales materials used have been approved in advance by the Home Office.
- I am familiar with UNIFI Companies' Guide to Market Conduct (form ULC 16), and the sale of this product is consistent with those guidelines.
- I have verified the accuracy of the proposed insured's and/or owner's identity.
- I certify that I have truly and accurately recorded on the application all the information supplied by the applicant.
- This application was in fact signed and dated in the state indicated.

X

Signature of Insurance Producer

Print Full Name of Insurance Producer

Insurance Producer Number: _____

Agency Number: _____