Application for Insurance
Personal Information

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

1. Proposed Insured (One):

a) Name: _____

b) Date of Birth:_____ c) Sex: ☐ Male ☐ Female

d) Place of Birth: _____

e) Social Security/Tax ID No.: _____

f) Driver's License or other Government issued picture ID:

_____ State: _____

g) Home Address: _____

City: _____ State:____ ZIP:_____

h) Years at this Address: _____

i) Tel. *(Home)*: _____

(Business):_____

Fax: _____

E-mail: _____

Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No

j) Residency Status: ☐ U.S. Resident ☐ Other:_____

k) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:

Citizenship: _____

Visa Type:_____ Visa #: _____

l) Employer Name: _____

Address:_____

City: _____ State:____ ZIP:_____

m) Occupation: _____ Years:_____

n) Duties: _____

2. Owner Information (One):
(Complete only if Owner is other than Proposed Insured.)

a) ☐ Individual   b) ☐ Trust *(provide copy)*   c) ☐ Partnership

d) ☐ Corporation: County of Incorporation: _____

e) Full Name: _____

f) Relationship to Proposed Insured(s):_____

g) Trustee(s) Name: _____

h) Date of Birth or Date of Trust: _____

i) Social Security/Tax ID No.: _____

j) Driver's License or other Government issued picture ID:

_____ State: _____

k) Address:_____

City: _____ State:____ ZIP:_____

l) Tel. *(Home)*: _____

(Business):_____

Fax: _____

E-mail: _____

m) Residency Status: ☐ U.S. Resident ☐ Other:_____

n) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:

Citizenship: _____

Visa Type:_____ Visa #: _____

o) Multiple Ownership *(indicate type)*:
☐ Joint with Survivorship   ☐ Tenants in Common

p) Successor Owner:

Name: _____

Social Security/Tax ID No.: _____

3. Beneficiary Information: *(Subject to change by Owner.)*

a) Primary Beneficiary: _____

_____

Address:_____

City: _____ State:____ ZIP:_____

Relationship to Proposed Insured:_____

Social Security/Tax ID:_____

Date of Birth or Date of Trust: _____

b) Contingent Beneficiary: _____

_____

Address:_____

City: _____ State:____ ZIP:_____

Relationship to Proposed Insured:_____

Social Security/Tax ID:_____

Date of Birth or Date of Trust: _____

Ameritas Life Insurance Corp. of New York

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877-280-6110, Fax 513-595-2352
(Client Service Office)

1. Proposed Insured (Two):

a) Name: _____

b) Date of Birth:_____ c) Sex: ☐ Male ☐ Female

d) Place of Birth: _____

e) Social Security/Tax ID No.: _____

f) Driver's License or other Government issued picture ID:

_____ State: _____

g) Home Address: _____

City: _____State:____ ZIP:_____

h) Years at this Address: _____

i) Tel. *(Home)*: _____

(Business):_____

Fax: _____

E-mail: _____

Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No

j) Residency Status: ☐ U.S. Resident ☐ Other:_____

k) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:

Citizenship: _____

Visa Type:_____ Visa #: _____

l) Employer Name: _____

Address:_____

City: _____State:____ ZIP:_____

m) Occupation: _____ Years:_____

n) Duties: _____

2. Owner Information (Two):
(Complete only if Owner is other than Proposed Insured.)

a) ☐ Individual b) ☐ Trust *(provide copy)* c) ☐ Partnership

d) ☐ Corporation: County of Incorporation: _____

e) Full Name: _____

f) Relationship to Proposed Insured(s):_____

g) Trustee(s) Name: _____

h) Date of Birth or Date of Trust: _____

i) Social Security/Tax ID No.: _____

j) Driver's License or other Government issued picture ID:

_____ State: _____

k) Address:_____

City: _____State:____ ZIP:_____

l) Tel. *(Home)*: _____

(Business):_____

Fax: _____

E-mail: _____

m) Residency Status: ☐ U.S. Resident ☐ Other:_____

n) Are you a U.S. Citizen: ☐ Yes ☐ No
If "No," complete Foreign National form UN 0918
and provide the following:

Citizenship: _____

Visa Type:_____ Visa #: _____

o) Multiple Ownership *(indicate type)*:
☐ Joint with Survivorship ☐ Tenants in Common

p) Successor Owner:

Name: _____

Social Security/Tax ID No.: _____

3. Proposed Insured: (Child One or Other.)

a) Name: _____

b) Relationship: _____

c) Date of Birth:_____ d) Sex: ☐ Male ☐ Female

e) Place of Birth: _____

f) Social Security No: _____

g) Ins. in Force/Company: _____

h) Driver's License No:_____

4. Proposed Insured: (Child Two or Other.)

a) Name: _____

b) Relationship: _____

c) Date of Birth:_____ d) Sex: ☐ Male ☐ Female

e) Place of Birth: _____

f) Social Security No: _____

g) Ins. in Force/Company: _____

h) Driver's License No:_____