

APPENDIX II
INSURANCE DEPARTMENT 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 IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEM 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:

1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? Yes _____ No _____

2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? Yes _____ No _____

3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? Yes _____ No _____

4. REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE EXISTING POLICIES? Yes _____ No _____

5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? Yes _____ No _____

6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? Yes _____ No _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Date: _____ Signature of Applicant: X _____

Date: _____ Signature of Applicant: X _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: Yes _____ No _____

Date: _____ Signature of Agent: _____





Aviva Life and Annuity
 Company of New York
 Mail Processing Center
 611 Fifth Avenue
 P.O. Box 14539
 Des Moines, IA 50306-3539
 800/252-4467
 800/875-0223 Fax
 Home Office: Woodbury, NY

*Authorization to Disclose
 Policy Information*

To: _____

Re: Policyowner: _____ Social Security / Tax ID # _____
 Policy(s): _____

In accordance with New York State Insurance Department Regulation No. 60, please furnish, directly to the insurance company and agent shown below, the information needed for completing the enclosed alternate New York State Disclosure Statement.

Please forward this information to each of the parties shown below:

Insurer Address:

Aviva Life and Annuity Company of New York
 611 Fifth Avenue
 Des Moines, IA 50306-3539

Agent Address:

I authorize the release of the above information. This authorization is valid until revoked by the undersigned in writing.

Policyowner's Name (please print) _____

Policyowner's Signature _____ Date: _____

Street _____

City _____ State _____ Zip _____



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Home Office: Woodbury, NY

Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

You are contemplating the purchase of a life insurance policy or annuity contract in connection with the surrender, lapse or change existing life insurance policies or annuity contracts. The agent is required to give you this notice together with a signed disclosure statement containing the summary result comparison for the new life insurance policy or annuity contract and any life insurance policy 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:

1. Carefully study the disclosure statement, which includes a summary result comparison, until you are sure you understand fully the effect of the transaction.
2. Ask the company or agent from whom you bought your existing life insurance policies or annuity contracts to review with you the transaction and the disclosure statement. You may be able to effect the changes you desire more advantageously with them. Their customer service telephone number is contained in the disclosure statement.
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 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 a 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 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 surrender 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 this part.

IMPORTANT: THIS RIGHT SHOULD NOT 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.

IMPORTANT: 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 DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I hereby acknowledge that I read the above "IMPORTANT NOTICE" and have received a copy of the same.

DATE: _____ SIGNATURE OF APPLICANT: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK
DISCLOSURE STATEMENT**

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING AGENT, BROKER OR INSURANCE COMPANY PRIOR TO COMPLETING THE TRANSACTION. THEY CAN HELP YOU DECIDE WHETHER THE REPLACEMENT IS IN YOUR BEST INTEREST.

FOR YOUR PROTECTION, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, the IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition Of Replacement, together with policy information on all proposed and existing coverage affected.

Name of Applicant(s) _____ Telephone Number _____

Address _____

Name of Agent or Broker _____ Telephone Number _____

Address _____

The Information On Existing Coverage On This Form Was Obtained From:

? The following replaced company(ies): _____

? Approximations if the following replaced company(ies) failed to provide information in the prescribed time: _____

2.

DISCLOSURE STATEMENT CONTINUED:

1. DESCRIPTION OF TRANSACTION:

Proposed Policy/Contract

Existing Policies/Contracts Affected

		(1)	(2)	(3)
		As of _____	As of _____	As of _____
_____	Company Name	_____	_____	_____
_____	Customer Service Phone Number:	_____	_____	_____
_____	Contract Number	# _____	# _____	# _____
_____	Issue Date	_____	_____	_____
_____	Type of Insurance	_____	_____	_____
_____	Base Policy	_____	_____	_____
\$ _____	Face Amount	\$ _____	\$ _____	\$ _____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
_____	Rider _____	_____	_____	_____
\$ _____	Total Annualized Premium	\$ _____	\$ _____	\$ _____
_____	Current	_____	_____	_____
N/A	Surrender Charge	\$ _____	\$ _____	\$ _____
_____	Guaranteed	_____	_____	_____
_____ %	Interest Rate	_____ %	_____ %	_____ %
_____	Current Loan	_____	_____	_____
_____ %	Interest Rate	_____ %	_____ %	_____ %
_____	Current Loan Balance	_____	_____	_____
_____	Contestable Expiry Date	_____	_____	_____
_____	Suicide Expiry Date	_____	_____	_____

3.

DISCLOSURE STATEMENT CONTINUED:

	(1)	(2)	(3)
Existing coverage to be changed by:			
Lapse or Surrender	?	?	?
Amendment or Reissue	?	?	?
Loan or Withdrawal	?	?	?
Death Benefit			
Reduction To	\$ _____	\$ _____	\$ _____
Reduced Paid-Up For	\$ _____	\$ _____	\$ _____
Extended Term to	_____	_____	_____
Other	_____	_____	_____
Cash released by change	\$ _____	\$ _____	\$ _____

Use of cash released: _____

2. SUMMARY RESULT COMPARISON:

Proposed With Existing Coverage Changed		Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed	Guaranteed	Non-Guaranteed
		Annualized Premium	
\$ _____	\$ _____	Current Year	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____
		Surrender Value	
\$ _____	\$ _____	End of 1 st Year	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____

4.

DISCLOSURE STATEMENT CONTINUED:

Proposed With Existing Coverage Changed			Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed		Guaranteed	Non-Guaranteed
		Death Benefit		
\$ _____	\$ _____	End of 1 st Year	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
		Dividends		
	\$ _____	End of 1 st Year		\$ _____
	\$ _____	5 Years Hence		\$ _____
	\$ _____	10 Years Hence		\$ _____

AGENT/BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

5.

DISCLOSURE STATEMENT CONTINUED:

REMARKS

- ? The attached proposal, including sales material, was used in this sale.
- ? No proposal or sales material was used in this sale.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life or annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed of all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts. The proposal, including sales material used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ Signature of Agent or Broker: _____

I hereby acknowledge that I received and read the above Disclosure Statement before I signed the application for the new coverage.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

**ABSOLUTE ASSIGNMENT
(CHANGE OF OWNERSHIP)
TO EFFECT SECTION 1035(a) EXCHANGE OF LIFE INSURANCE POLICY,
ENDOWMENT INSURANCE CONTRACT OR ANNUITY CONTRACT**

POLICY NO: _____ **OWNER:** _____

INSURED: _____ **OWNER'S ADDRESS:** _____

INSURER: _____

INSURER'S ADDRESS: _____

Life Insurance Policy Endowment Policy Annuity Contract

1. Absolute Assignment of Old Policy.

I hereby assign and transfer without limitation to **Aviva Life and Annuity Company of New York (the "Company")** all right, title, interest, and assignable benefit in the policy or contract described above (the "Old Policy"), including any and all supplemental riders or benefits which are attached thereto or are a part thereof, in exchange for a new life insurance policy or annuity contract (the "New Policy") as described in the application to the Company which accompanies this assignment.

2. Ownership of Old Policy.

I represent and warrant that no other person, firm, corporation, or governmental unit has an ownership or security interest, either legal or equitable, in the Old Policy except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned. If any such interests exist, they are listed at the end of this paragraph, and the persons holding such interests have joined in this assignment by their signatures at the appropriate place on this document. _____

3 Acknowledgement of Responsibility for Tax Consequences.

I understand and agree that the Company is furnishing this form and participating in this transaction at my specific request and as an accommodation to me. My intention is to effect an exchange of life insurance policies, endowment contracts, or annuity contracts under Section 1035(a) of the Internal Revenue Code. I understand and agree that the Company has made no representations to me concerning my tax treatment under the Internal Revenue Code. I am not relying on the Company, its agents or employees for any tax advice whatsoever with regard to this transaction. The Company assumes no responsibility or liability for the validity or effect of this assignment or the tax treatment of the undersigned in connection with this transaction. I assume any and all risk with regard to the accomplishment of a valid Section 1035 exchange under the Internal Revenue Code. I understand that if the Old Policy has both taxable gain and a loan against it there may be a taxable event upon its surrender by the old company if the loan is not transferred to the New Policy.

4. Surrender of Old Policy.

IF THE NEW POLICY IS AN ANNUITY:

I understand and agree that if the Company approves the New Policy for issue, and it is an annuity, the Company will immediately apply for the surrender of the Old Policy for its surrender value. If the New Policy is an annuity, the "**SURRENDER DATE**" shall be concurrent with the approval of the New Policy. I understand that as of the Surrender Date the Old Policy can no longer be returned to me, and if I do not accept the New Policy, I will receive the surrender value of the Old Policy, which may have income tax consequences to me. As of the Surrender Date, I understand that if the Old Policy is a life or endowment policy that it will no longer provide life insurance protection in the event of the insured's death.

IF THE NEW POLICY IS A LIFE INSURANCE POLICY:

I understand and agree that after the Company approves the New Policy for issuance in a standard or better rating class or in a rating class I have previously requested or accepted in writing, the Company will request surrender of the Old Policy for its surrender value, even if the New Policy has not yet been delivered to me. If the Company approves the New Policy for issuance in a rating class lower than standard that I have not previously requested or accepted, the Company will not request surrender of the Old Policy until after I have accepted that rating class in writing. The "**SURRENDER DATE**" of the Old Policy shall be the date the Company mails the documentation requesting surrender of the Old Policy as described in the preceding sentences. As of the Surrender Date, I understand that the Old Policy will no longer provide life insurance protection in the event of the insured's death. I understand that as of the Surrender Date the Old Policy can no longer be returned to me, and I agree that in the event I return the New Policy under the "free look" provisions of the New Policy, I will receive the surrender value of the Old Policy, which may have income tax consequences to me.

If the insured under the Old Policy dies **BEFORE** the Surrender Date, **AND** the Company's Home Office receives written notice of the death **BEFORE** the Surrender Date, the Company will reassign the Old Policy to the owner or the owner's legal representative. The beneficiary under the Old Policy may then apply to the issuer of the Old Policy for any death benefit available under the Old Policy. Upon such reassignment, the Company shall be discharged from all liability with respect to the Old Policy. The New Policy will be void for lack of consideration and no coverage will be in force unless other consideration has been received by the Company.

If the insured dies **ON** or **AFTER** the Surrender Date, or if notice of death is not received by the Company prior to the Surrender Date, I understand that the death benefits under the Old Policy will be payable to the Company. The portion of the death benefit equal to the surrender value of the Old Policy at the time of death will be applied to the New Policy; the balance will belong to the Company. I understand that the Old Policy has been accepted by the Company as consideration for the New Policy, and the surrender value of the Old Policy will be applied by the Company as premium to the New Policy. If the death benefit of the Old Policy is paid to your beneficiary instead of to the Company, the New Policy shall be void for lack of consideration and no coverage will be in force unless other consideration has been received by the Company. **NOTHING IN THIS ASSIGNMENT WAIVES OR ALTERS ANY OF THE TERMS OF THE NEW POLICY, INCLUDING BUT NOT LIMITED TO THE SUICIDE AND INCONTESTABLE CLAUSES.**

The Company will apply the entire surrender value it receives from the Old Policy as premium to the New Policy issued by the Company. I understand and agree that if the surrender value of the Old Policy, when combined with any other premium I have paid on this policy, exceeds the amount which can be accepted as premium for the New Policy, the Company will pay me the excess amount, which may have income tax consequences for me. I understand that if the surrender proceeds of the Old Policy are insufficient to pay the initial premium required to place the New Policy in force, I must pay the difference or the Company will treat the policy as if no premium had been received and no coverage will be in force. The surrender proceeds from the Old Policy will be paid to me, and there may be income tax consequences for me.

5. Reassignment of Old Policy.

I understand and agree that:

The Company declines my application for the New Policy; or

The New Policy is issued in a rating class lower than standard that I have not previously requested or accepted, and I refuse to accept the New Policy (Life Insurance ONLY) in that rating class; or

The insured under the Old Policy dies **BEFORE** the Surrender Date, **AND** written notice of the death is received by the Company in its Home Office **BEFORE** the Surrender Date; or

If a rehabilitation, liquidation or other insolvency proceeding or action is commenced against the issuer of the Old Policy before the Surrender Date;

Then the Company shall reassign the Old Policy to me or my legal representative, and upon such reassignment the Company shall have no further obligation with respect to the Old Policy.

I UNDERSTAND AND AGREE THAT AFTER THE SURRENDER DATE, THE OLD POLICY CANNOT BE RETURNED TO ME AND THAT NO DEATH BENEFIT WILL BE PAID UNDER IT IF THE INSURED DIES.

6. The Company Will Not Pay Premiums on the Old Policy.

I understand and agree that the Company is not obligated to and will not make any premium payments on the Old Policy after the date of the Assignment. Thus, I agree for myself, my heirs and assigns that the Company is not liable if the Old Policy lapses for non-payment of premiums. I understand that if the Old Policy is reassigned to me under the terms of paragraph 5, and it has lapsed because premiums have not been paid, I can reinstate it only if the terms of the Old Policy permit it to be reinstated. The Company is not liable in the event that the Old Policy cannot be reinstated.

7. No Insurance Created By This Assignment.

I understand that this assignment creates **NO INSURANCE**.

I understand that if I paid a modal premium pursuant to the terms of the application accompanying this assignment, the Conditional Receipt which I received defines the coverage, if any, which is provided **PRIOR** to delivery of the New Policy to me.

I understand that, if no money was paid with the application that accompanies this assignment, then the assignment of the Old Policy is accepted, effective as of the Surrender Date, as consideration for the New Policy **subject to the sufficiency of the values** in the Old Policy to pay the initial premium requirements of the New Policy. I understand that, if at least one monthly premium was paid with the application that accompanies this assignment, the separate Conditional Life Insurance Agreement defines the coverage, if any, which is provided **PRIOR** to the Surrender Date. I agree that if the values in the Old Policy are not sufficient to pay for the New Policy (including all premiums due on the New Policy through the date such values are received by the Company), the New Policy shall be void for lack of consideration and no coverage will be in force under the New Policy unless other consideration has been timely received by the Company.

8. Beneficiary Designation.

My signature on this assignment shall constitute appointment of the Company as designated in item #1 of this document as beneficiary of the death proceeds of the Old Policy effective as of the date of this Assignment.

Signed at _____
(City and State)

on _____
(Date)

(Witness Signature)

(Owner-Applicant Signature)

(Witness Signature)

(Owner-Applicant Signature)

(Irrevocable Beneficiary Signature)

(Collateral Assignee or other party with a legal or equitable interest)

***** FOR HOME OFFICE USE *****

Recorded at the Home Office of Aviva Life and Annuity Company of New York, Woodbury, NY

Mail Processing Center: 611 Fifth Avenue
P.O. Box 14539
Des Moines, IA 50306-3539

on _____
(Date)

By: _____

(Title)



Aviva Life and Annuity Company of New York
 Mail Processing Center
 611 Fifth Avenue
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 800/252-4467
 800/875-0223 Fax
 Home Office: Woodbury, NY

***1035 External Exchange
 Lost Policy Statement***

The undersigned hereby certifies for the policy(ies) listed below:

- (1) A diligent but unsuccessful search has been made and the present location is not known;
- (2) No person, firm or corporation has interest in, or claim to, the policy(ies).
- (3) The same representations contained in (1) and (2) above are true and with respect to any Lost Policy Certificate or Duplicate Policy which may have been previously issued to replace the original policy.

Name of Existing Insurer: _____

Policy Number(s): _____

 Policyowner Name (Print)

 Policyowner Signature

 Date