

CHECK ALL COMPANIES THAT APPLY:

First Ameritas Life Insurance Corp. of New York
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901 Fax 513-595-2352

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

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/broker is required to ask you the following questions and explain any items 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 of the 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including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?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 _____

Date _____ Signature of Applicant _____

To the best of my knowledge, a replacement is involved in this transaction: Yes No

Date _____ Signature of Agent/Broker _____



Insurance Department of the State of New York Disclosure Statement

1041

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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 _____

Agent's or Broker's 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:

1. DESCRIPTION OF TRANSACTION:

Proposed Policy/Contract	Existing Policies/Contracts Affected		
	(1) As of _____	(2) As of _____	(3) 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	_____	_____	_____



CompaniesSM

Disclosure Statement (Continued)

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Existing coverage to be changed by:	(1)	(2)	(3)
Lapse or Surrender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment or Reissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

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 1st Year	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
		10 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	Death Benefit	\$ _____	\$ _____
\$ _____	\$ _____	End of 1st Year	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
		10 Years Hence	\$ _____	\$ _____
	\$ _____	Dividends		\$ _____
	\$ _____	End of 1st Year		\$ _____
	\$ _____	5 Years Hence		\$ _____
	\$ _____	10 Years Hence		\$ _____

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3. AGENT'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:

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 _____

Regulation 60
Disclosure Statement Definitions

(To be used on all replacements other than annuity to annuity)

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All questions must be completed. Use N/A (Not Applicable) when appropriate.

1. **Name of Applicant** - Print name of person applying for coverage.
2. **Telephone Number** - Home telephone number of applicant.
3. **Address** - Full address of applicant.
4. **Name of Agent/Broker** - Print name of agent writing new coverage.
5. **Telephone Number** - Agent's/Broker's business telephone number.
6. **Agent's/Broker's Address** - Agency business address, with Name of Agency or Company affiliation, if any.
7. **Source used to complete information** - If any information on existing coverage was received from one or more replaced company(ies), mark "X" in "The following replaced company(ies)" box and list the names of the company(ies) which provided the information. If any approximations were used because requested information was not provided by one or more replaced company(ies), mark "X" in the "Approximations" box and list the names of the replaced company(ies) which did not provide the information.

1. Description of Transaction Section

8. **As of** - As of date of value of each existing policy.
9. **Company Name** - Name of insurance companies for existing and proposed policies.
10. **Customer Service Phone Number** - Customer Service telephone numbers for existing and replacing insurance companies.
11. **Contract Number** - Policy/contract/certificate number of existing policies (blank for proposed policy).
12. **Issue Date** - Issue date of existing policies.
13. **Type of Insurance** - Type of insurance (i.e., Term, Whole Life, Universal Life).
14. **Base Policy Face Amount** - Face amount of base policy excluding riders.
15. **Riders** - Indicate type of rider and benefit amount (if applicable) for all riders attached to base policy.
16. **Total Annualized Premium** - Include the premium for the base policy and all riders. Premium should be annualized if applicant is paying a premium mode other than annual.
17. **Current Surrender Charge** - Specify current surrender charge of existing policies (if applicable).
18. **Guaranteed Interest Rate** - Specify contract minimum guaranteed interest rate (if applicable) for existing and proposed policy.
19. **Current Loan Interest Rate** - Indicate loan interest percentage (if applicable) for existing and proposed policy.
20. **Current Loan Balance** - Indicate current outstanding loan balance of existing policy(ies) and proposed policy (if applicable).
21. **Contestable Expiry Date** - Indicate if contestable period has expired or contestable expiry date (month, day and year) for current policies and duration of contestable period for proposed policy.
22. **Suicide Expiry Date** - Indicate if suicide period has expired or suicide expiry date (month, day and year) for current policies and duration of suicide period for proposed policy.
23. **Lapse or Surrender** - Check if existing policy(ies) are to be lapsed or surrendered.
24. **Amendment or Re-Issue** - Check if existing policy(ies) are to be amended or re-issued.
25. **Loan or Withdrawal** - Check if existing policy(ies) cash value will be borrowed or withdrawn.
26. **Death Benefit Reduction To** - Indicate reduced face amount of existing policies.
27. **Reduced Paid-Up For** - Indicate new face amount if policy(ies) are being placed on reduced paid-up non-forfeiture option.
28. **Extended Term To** - Specify expiry date (month, day and year) or duration of Extended Term Period (whichever available) if policy(ies) are being placed on Extended Term Insurance (ETI) non-forfeiture option.
29. **Cash Released at Time of Change (at _____)** - Enter dollar amount of funds released by exercising one of the above changes.
30. **Use of Cash Released** - How will cash released be used (e.g., 1035 Exchange, pay premiums on proposed policy).

Regulation 60
Disclosure Statement Definitions *(Continued)*

(To be used on all replacements other than annuity to annuity)

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2. Summary Result Comparison Section

Proposed With Existing Coverage Changed [Values reflecting planned changes for existing policy(ies)]

- 31A,B&C Annualized Premium** - Indicate total annualized premium on a guaranteed and non-guaranteed basis for current year, five years hence and ten years hence for proposed policies. Premiums should be annualized if applicant is paying a premium mode other than annual.
- 32A,B&C Surrender Value** - Indicate surrender value (net of loan) on a guaranteed and non-guaranteed basis at the end of first year, five years hence and ten years hence for proposed policies.
- 33A,B&C Death Benefit** - Enter death benefit on a guaranteed and non-guaranteed basis at the end of first year, five years hence and ten years hence for proposed policies.
- 34A,B&C Dividends** - Enter illustrated dividends, if applicable, at the end of first year, five years hence and ten years hence for proposed policies. [To be completed if dividends are not included above in Surrender Value and Death Benefit.]

Existing Coverage Unchanged

- 35A,B&C Annualized Premium** - Indicate total combined existing policy(ies) annualized premium based on existing coverage unchanged on a guaranteed and non-guaranteed basis, current year, five years hence and ten years hence. Premiums should be annualized if applicant is paying a premium mode other than annual.
- 36A,B&C Surrender Value** - Enter total combined existing policy(ies) surrender value on a guaranteed and non-guaranteed basis, at the end of first year, five years hence and ten years hence based on existing coverage unchanged.
- 37A,B&C Death Benefit** - Enter total combined existing policy(ies) death benefit on a guaranteed and non-guaranteed (including paid-up additions) basis, at the end of first year, five years hence and ten years hence based on coverage unchanged.
- 38A,B&C Dividends** - Enter illustrated dividends, if applicable, at the end of the first year, five years hence and ten years hence based on existing coverage unchanged. [To be completed if dividends are not included above in Surrender Value and Death Benefit.]

3. Agent/Broker Statement Section

- 39. Disclosure Question 1** - Enter the reason(s) for recommending the new life policy or annuity contract (i.e., lower premium).
- 40. Disclosure Question 2** - Enter the reason why the existing insurance policy(ies) or annuity contract(s) cannot meet the applicant's objectives (e.g., too expensive, not enough coverage).
- 41. Disclosure Question 3** - List the advantages of continuing the existing insurance policy or annuity contract (e.g., contestability and suicide clause have expired).
- 42. Remarks** - Enter any pertinent comments bearing on the transaction.
- 43. Proposal Used** - Check the appropriate box indicating if a proposal/sales material was used to make the sale.
- 44. Agent/Broker Certification** - Agent/Broker signs and dates.
- 45. Applicant's Acknowledgment** - Applicant and spouse (if his/her policy will be replaced with new coverage) sign and date. If applicant and owner are different, owner must sign also.
-

Request for Information and Authorization

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To _____

Policy or Contract Number(s) _____

Insured/Annuitant _____

Type of contract being applied for: Annuity Life Insurance Variable Life Insurance

A replacement of the above policy or contract has or is likely to occur. Please provide information necessary to complete the Disclosure Statement required by New York Regulation 60. A copy of the Disclosure Statement is enclosed.

AUTHORIZATION TO OBTAIN INFORMATION

By signing below, I authorize and request the undersigned agent/broker, and The Union Central Life Insurance Company or First Ameritas Life to obtain account information from my current insurer related to my existing life insurance policy or contract referenced above.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

Agent/Broker _____

Address _____

Phone _____

Fax _____

Signature of Agent/Broker _____

Mail First Copy to Replaced Company and Second Copy to the appropriate replacing company.



Insurance Department of the State of New York

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

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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 of existing life insurance policies or annuity contracts. The agent/broker 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 policies 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/broker 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 life insurance policy having the same or similar benefits. Any replacement or 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 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 or 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.



Insurance Department of the State of New York Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (*Continued*)

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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 surrendered, 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 PERIOD 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 same.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____
