



REQUEST FOR LIFE for LIFE® GROUP LIFE INSURANCE

from New York Life Insurance Company ♦ New York, NY 10010

Applicant

Title (Dr. / Mr. / Ms.), First Name, Middle Initial, Last Name _____

No. & Street _____

Day Phone _____

City _____

State / Province _____

Zip _____

Evening Phone _____

Social Security # _____

Email* _____

Cell Phone _____

*By providing your email address, you authorize email communications to you about your application and insurance. We do not sell, rent, trade or give away your personal information to anyone, and you will only receive email pertaining to your application and insurance. Please visit www.AlumniLife.org to learn more about our privacy policy.

Birth Date _____ Height _____ Weight _____ Gender _____ Occupation _____
Month / Day / Year Ft. / In. Lbs. M / F

My eligibility status is (check one): Alumnus/a Student Faculty/Staff Eligible Family Member
If Eligible Family Member (check one): Spouse Domestic Partner Parent of Student Adult Child Sibling

Sponsoring college, university, or alumni/ae association: _____

Do you intend to reside outside the United States or Canada within the next 12 months? Yes No
If "Yes," which country(ies) and how long? _____

1. **Insurance Amount Requested.** Refer to the brochure for amounts and coverage description. I request:
 \$2 million \$1.5 million \$1 million \$500,000 \$250,000 \$100,000 Other \$ _____

2. **Beneficiary Designation.** I name the following to receive all the insurance on my life under this life insurance plan, and I revoke prior beneficiary designations. (If you need more space, attach a separate sheet that you have signed and dated.)

_____ % _____
Title (Dr. / Mr. / Ms.), First Name, Middle Initial, Last Name Relationship

_____ Beneficiary Address No & Street/State/Zip Social Security Number

_____ % _____
Title (Dr. / Mr. / Ms.), First Name, Middle Initial, Last Name Relationship

_____ Beneficiary Address No & Street/State/Zip Social Security Number

3. Have you used tobacco or nicotine in any form, including nicotine patches and nicotine chewing gum, within the last 24 months? Yes No
If yes, when did you last use tobacco or nicotine products? _____
Month / Year

4. Do you have more than \$2 million of life insurance? Yes No

5. **Statement of Health.** To the best of your knowledge and belief, answer the questions as they apply to you.

Name and Address of Applicant's Physician _____

- a. Are you now taking any prescribed medication or receiving or contemplating any medical attention or surgical treatment? Yes No
- b. During the past five years have you ever been medically diagnosed by a physician as having or been treated for: heart trouble, elevated blood pressure, gynecological or genitourinary disorders, ulcers, cancer, diabetes, mental or nervous disorder or psychotherapeutic treatment, epilepsy, respiratory disorder, kidney or liver disorder (including hepatitis), enlarged lymph nodes or immunodeficiency disorders, thyroid disorder, blood disorder, albumin, blood or sugar in the urine, back trouble/disorder, arthritis or unexplained weight loss?..... Yes No
- c. During the past five years have you been counseled, treated or hospitalized for the use of alcohol or drugs?..... Yes No

Details (if "Yes" to 5a., 5b., or 5c.): _____

You will be contacted by a service provider on behalf of New York Life to ask about your medical history. What is the best way you can be contacted about this application? (Please answer all three parts.)

Day Phone Evening Phone Cell Phone ♦ Weekday Weekend ♦ Morning Afternoon Evening

I have read the Important Replacement Information below.

Yes No

Is the insurance applied for intended to replace, in whole or in part, any existing insurance or annuity?.....

Important Replacement Information. It may not be in your best interest to replace existing life insurance policies or annuity contracts in connection with the purchase of a new life insurance policy, whether issued by the same or a different insurance company. A replacement will occur if, as part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue or continued with a stoppage or reduction in the amount of premium paid. Prior to completing a replacement transaction, you may want to contact the insurance company or agent who sold you the life insurance or annuity contract that will be replaced to help you decide whether the replacement is in your best interest.

I understand that New York Life Insurance Company has the right to require additional information and, if necessary, an examination by a physician. I ask New York Life to rely on all such statements made on this form, and any supplements to it, while considering this request. I also understand that the coverage afforded will be in consideration of the answers and statements set forth above.

AUTHORIZATION:

I hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical or medically related facility, laboratory, insurance company, MIB, Inc. ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health to release information, including prescription drug records, maintained by physicians, pharmacy benefit managers, and other sources of information to New York Life Insurance Company, its reinsurers, its subsidiaries or the plan administrator about the physical and mental health of any persons proposed for insurance, including significant history, findings, diagnosis and treatment, but excluding psychotherapy notes and records of drug and alcohol treatment, for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. For example, New York Life may be required to provide it to insurance, regulatory, or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

A photocopy of this AUTHORIZATION and request form shall be as valid as the original. In all circumstances, my authorized agent, representative, or I may request a copy of this AUTHORIZATION. This AUTHORIZATION shall be valid for a period of 24 months from the date signed, unless sooner revoked. The AUTHORIZATION may be revoked at any time by sending written notice to New York Life Insurance Company. My revocation will not be effective to the extent that New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself.

By signing and dating this application, I request the insurance indicated; and I consent to authorize the disclosure of information to and from the providers noted above and in the Important Notice, including making a brief report of my protected health information to MIB, Inc.; and attest to having read the Important Notice and Fraud Notices enclosed including how my information is exchanged with MIB, and that to the best of my knowledge and belief, the answers provided to the questions are true and complete.

Applicant's Signature **X** _____ Date _____
(The Applicant signs here. Please sign in ink.)

G-29116
Form GMA-EZ2

ED 5/2023NY

If this application is approved, how would you like to pay premiums?
(Details of the approach you prefer will be sent to you and you can change your choice if you change your mind.)

Check one: Semiannual bills payable by check or Monthly automatic withdrawal from your bank account

I apply to become a Subscriber to the Collegiate Alumni Trust. *CAT enables members of sponsoring organizations to purchase insurance through a single group insurance policy. Subscribing to CAT costs nothing but is required to become insured.*

Applicant's Signature **X** _____ Date _____
(The Applicant signs here. Please sign in ink.)

Coverage usually begins on the day your application is approved. However, after you receive approval, you may request another effective date, such as when existing insurance ends or a new financial obligation begins, or the day before your last birthday. To be eligible for coverage, you must be performing the normal activities of a person in good health of like age on that date.

Applicant signs two areas indicated above and mails this request to the Administrator:

Meyer and Associates ♦ 18 Washington Avenue ♦ Chatham, NJ 07928
800-635-7801 Weekdays 8:30AM-6:00PM ET ♦ www.AlumniLife.org

IMPORTANT NOTICE

How New York Life Obtains Information and Underwrites Your Request For Life Insurance

In this notice, references to “you” and “your” include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (“MIB”). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB and such information may then be furnished by MIB, upon request, to a member company.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a “need to know” basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB’s information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (866) 692-6901. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone (416) 597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

5/2023
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New York Life Insurance Company NY, NY 10010

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**IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF
LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY
NEW YORK STATE REGULATION NO. 60**

You are contemplating the purchase of a life insurance policy or an annuity contract in connection with the surrender, lapse or change of existing life insurance policies or annuity contracts. We are required to give you this notice. Your decision could be a good one - or a mistake - so make sure you understand the facts. You should:

1. Ask the company or agent from whom you bought your existing life insurance policies or annuity contracts to review with you the transaction. You may be able to effect the changes you desire more advantageously with them.
2. Consult your tax adviser. 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 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 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.

You have the right, within 60 days after receipt of the 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

*—Over Please—
Signature Required on Reverse Side*

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 affect the value of the refund you receive.

Please provide the information requested below for each existing policy or contract you are replacing. (Attach a separate sheet if necessary.) Sign and date the completed form and mail it in the postage paid envelope provided. Be sure to keep one copy for your records.

| INSURER NAME | CONTRACT OR POLICY # | INSURED OR ANNUITANT | REPLACED (R) OR FINANCING (F) | REASON FOR REPLACEMENT |
|------------------|----------------------|----------------------|-------------------------------|------------------------|
| 1. New York Life | G-29116 | | R | End of Term |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

I hereby acknowledge that I read the above "IMPORTANT NOTICE."

Date: _____ Signature of member applicant: _____

Mandatory Initial Producer Compensation Disclosure

As required by New York State Insurance Department Regulation No. 194

1. Ann L. Meyer is an insurance producer licensed by the State of New York.
2. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.
3. Compensation will be paid to the producer, based on the insurance contract the producer sells.
4. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party.
5. The producer's compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.
6. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.