

Life Insurance Company of New York

Mail to Dearborn National

Home Office: Pittsford, New York
Phone Number: (800) 348-4512

Attn: Department 6006

1020 31st Street

Downers Grove, IL. 60515

Upon becoming ineligible for group insurance, e.g., leaving employment, you may convert your Group Life Insurance coverage to an individual policy of whole life insurance. You may apply regardless of your current health. You may also elect One Year Preliminary Term Life Insurance. If you make this election, your policy will include a rider providing this coverage. The One Year Preliminary Term Life Insurance will be effective for one year prior to the date of the policy to which it is attached. For information about the amount you may convert or how long you have to apply for conversion, refer to your group certificate.

To apply:

1. Complete Parts 1 and 3 of this conversion application, and be sure your Employer completes Part 2.
Premium rates and instructions are shown on the reverse side.
2. Mail the completed application with your check or money order for the first modal premium to the above address.

Part 1: TO BE COMPLETED BY INSURED Please type or print with ball point pen

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME IN FULL		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER		GROUP POLICY NO.	
RESIDENT ADDRESS							
STREET		CITY		STATE		ZIP CODE	
SEX	DATE OF BIRTH	CURRENT AGE	STATE OF BIRTH	LAST DATE OF ACTIVE WORK		PRESENT OCCUPATION	
				MO	DAY	YR	
Amount of Insurance \$ _____	Plan of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Whole Life with One Yr. Preliminary Term		Automatic Premium Loan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		PREMIUM MODE <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*		Premium Enclosed \$ _____ (first full modal premium)

Part 2: TO BE COMPLETED BY EMPLOYER

Date Employment Term'd.	Date Coverage Terminated	Last Actual Day of Work	Group Number	Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd. _____ <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) _____
Name of Employer Providing Group Policy		Annual Salary \$	Amount of Group Insurance	
Signature of Policyholder's Representative/Title		Telephone Number ()	Insurance Class	
			Date Signed	

Is the owner to be other than the insured? Yes No If no one is named, the insured shall be the Owner.

First Name _____ Initial _____ Last Name _____ Relationship _____

Address of Owner, if other than Insured: _____

No. & Street _____ City _____ State _____ ZIP Code _____

The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner

Part 3: BENEFICIARY DESIGNATION

FIRST NAME	LAST NAME	ADDRESS	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP
Primary				MO / DAY / YEAR	
Secondary				MO / DAY / YEAR	

If more space is needed 1) use extra paper 2) mark above "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.

Signed At _____ on ____/____/____
City State Mo Day Year Signature of Applicant

Signature of Owner (Other than Insured)

*EFT (Electronic Funds Transfer – Sign on back and attach voided check)

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you may convert or how long you have to apply for conversion, refer to your group certificate.. Our minimum issue amount is \$2,000.

To calculate your premium, find your age nearest birthday and the corresponding **table rate** (per \$1,000) of insurance. If your birthday is less than 6 months away, add one year to your current age. Multiply this premium by the number of thousands of dollars of insurance you plan to convert and add the annual policy fee to find the annual premium. Then multiply the annual premium by the premium factor find your premium payment.

Age Nearest Birthday	Whole Life Rate Per \$1,000	1-yr. Term Life Rate Per \$1,000	Age Nearest Birthday	Whole Life Rate Per \$1,000	1-yr. Term Life Rate Per \$1,000
18	34.44	13.78	50	66.33	33.17
19	35.48	14.19	51	69.33	35.01
20	36.50	14.60	52	72.34	36.89
21	36.81	14.72	53	75.33	38.79
22	37.11	14.84	54	78.34	40.74
23	37.58	15.03	55	81.34	42.70
24	37.88	15.15	56	88.55	46.93
25	38.35	15.34	57	95.75	51.23
26	38.81	15.52	58	102.96	55.60
27	39.27	15.71	59	110.15	60.03
28	39.73	15.89	60	117.36	64.55
29	40.19	16.08	61	122.56	68.02
30	40.81	16.32	62	127.75	71.54
31	41.43	16.78	63	132.96	75.12
32	42.04	17.24	64	138.15	78.75
33	42.66	17.70	65	143.35	82.43
34	43.27	18.17	66	151.17	87.68
35	44.04	18.72	67	159.00	93.02
36	44.81	19.27	68	166.82	98.42
37	45.58	19.83	69	174.65	103.92
38	46.51	20.46	70	182.48	109.49
39	47.28	21.04	71	202.51	122.52
40	48.20	21.69	72	222.54	135.75
41	49.28	22.42	73	242.56	149.17
42	50.20	23.09	74	262.60	162.81
43	51.28	23.85	75	282.63	176.64
44	52.51	24.68	76	298.05	187.77
45	53.75	25.53	77	312.51	198.44
46	54.98	26.39	78	327.91	209.86
47	56.36	27.33	79	344.72	222.34
48	58.32	28.58	80	362.96	235.92
49	62.33	30.85			

Rates for ages 81 to 98 available upon request.

Mode	Premium Factor	Annual Policy Fee
(✓) Desired		
() Annual	1.00000	\$ 50.00
() Semi-Annual	0.51500	\$ 50.00
() Quarterly	0.26500	\$ 50.00
() EFT Monthly	0.0875	\$ 50.00

(Sign below & attach voided check)

Example:

Table	# of Thousands	Policy	Premium	Modal
(Rate	To Be	Fee)	Factor	Premium
X	Converted	+	X	=
(44.04	X	10.000	+ 50.00)	X 0.26500 = \$129.96

Your Calculations:

Table	# of Thousands	Policy	Premium	Modal
(Rate	To Be	Fee)	Factor	Premium
X	Converted	+	X	=
_____	X _____	+ _____	X _____	= \$ _____

Enclose the **Modal Premium** amount with your application.

For clarification, contact
DEARBORN NATIONAL NY
Attn: Department 6006
1020 31st Street
Downers Grove, IL 60515
1-800-348-4512

EFT Authorization: Check one: **Checking** **Savings**

Account # _____

I hereby authorize and request Dearborn National[®] Life Insurance Company of New York to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Dearborn National[®] Life Insurance Company of New York in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

Signature of Account Holder

(Please attach voided check)