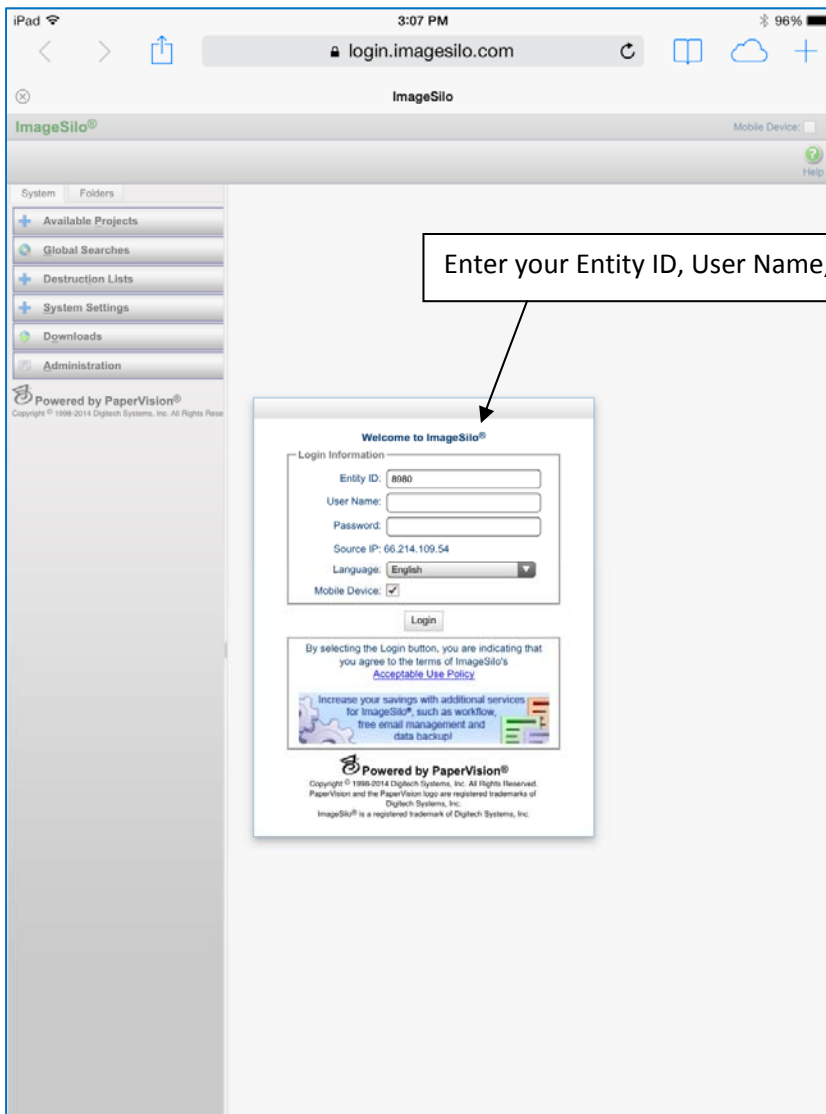




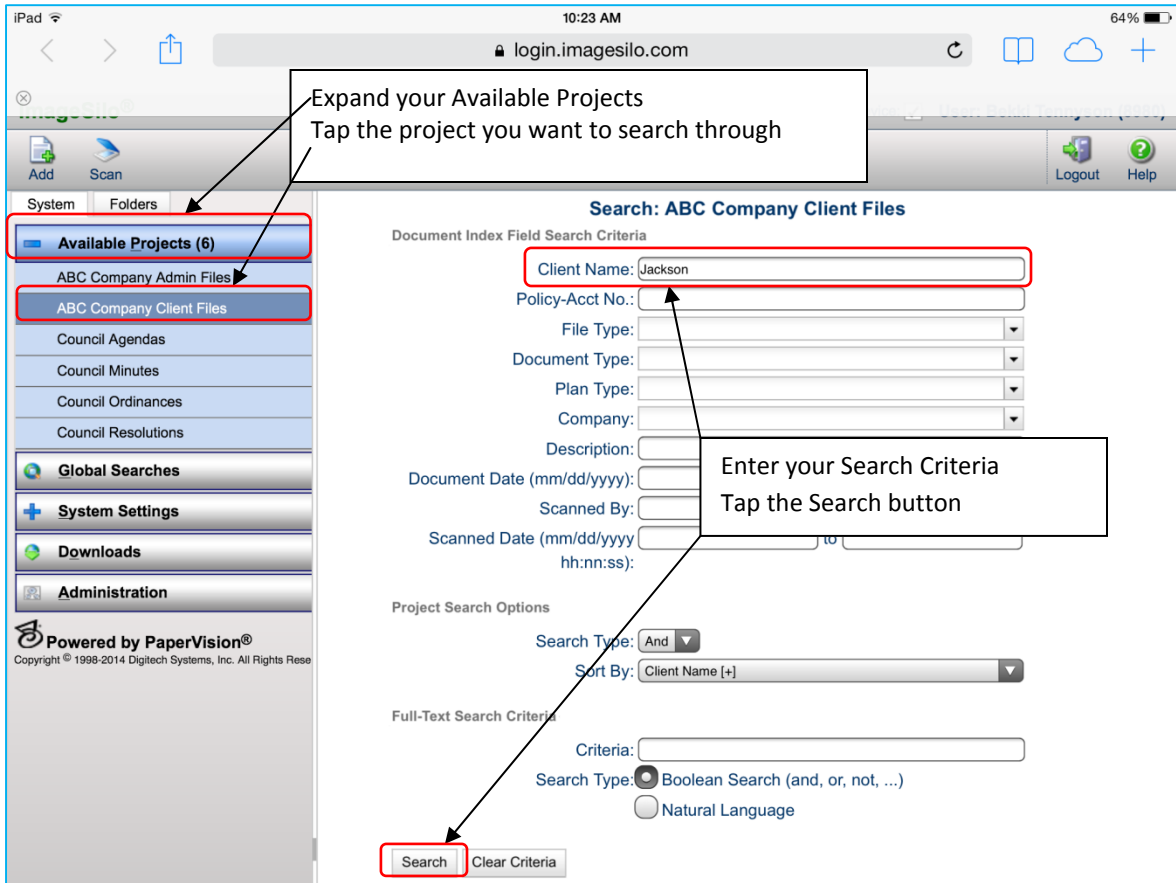
MuniMetriX News & Technical Tips

Viewing documents in ImageSilo on your iPad device or Mobile device is **SIMPLE!** Just follow the steps below:

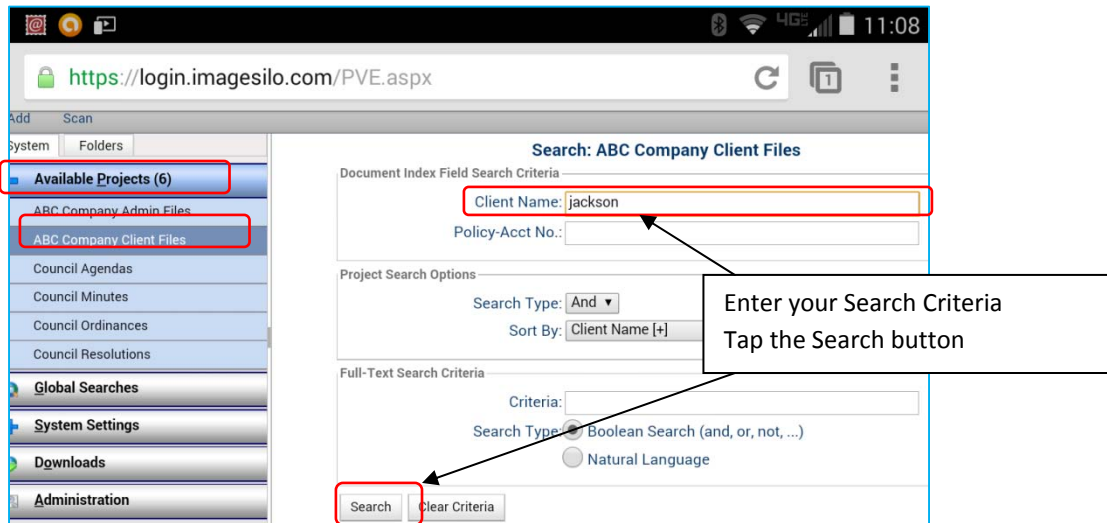
- On your iPad or Smart Phone, open your browser. In the address bar, type **login.imagesilo.com** and tap **GO**.
- At the login screen, enter your Entity ID, user name and password.



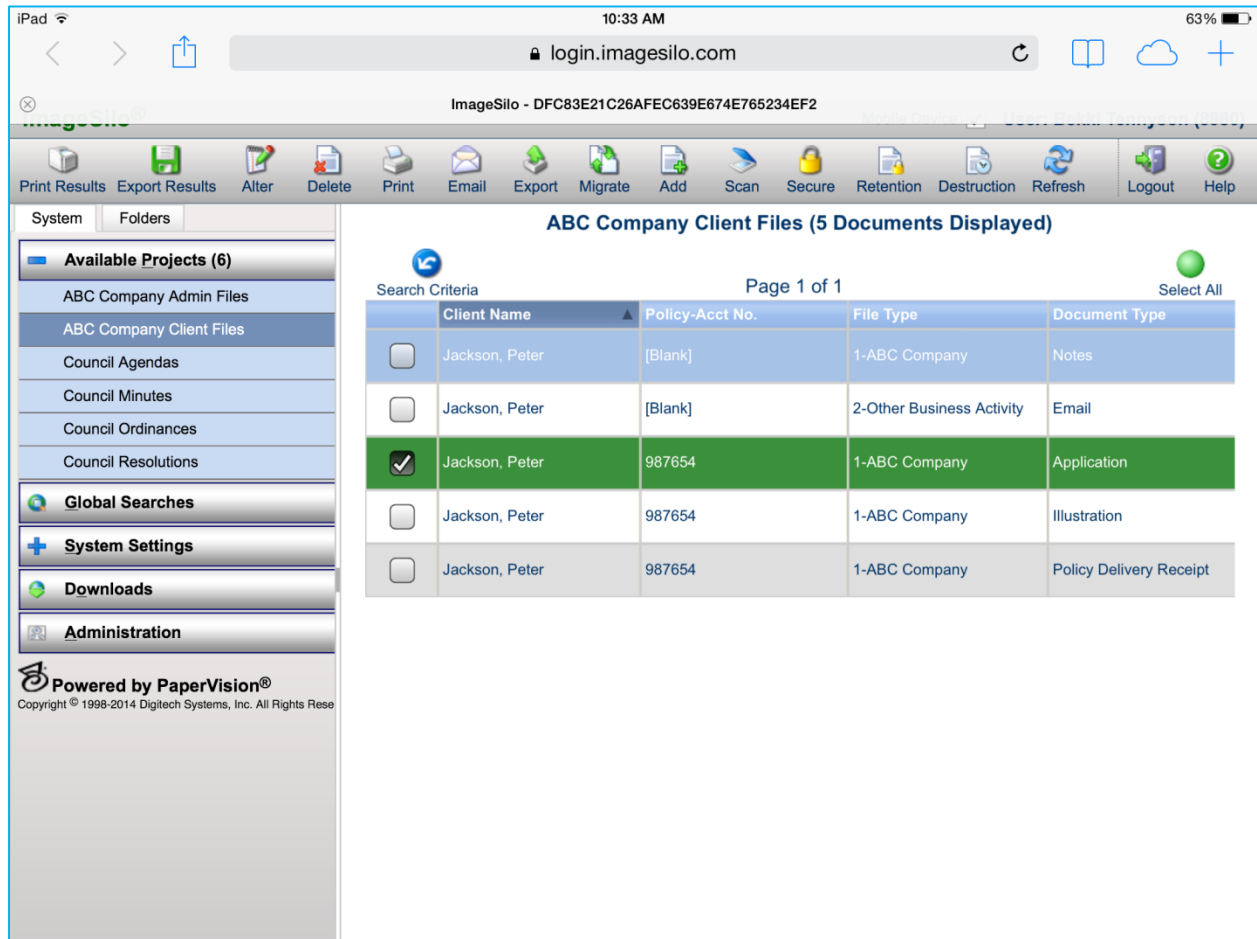
- Expand your Available Projects
- Tap the project you want to search through.
- Enter your search criteria in the Search Criteria screen
- Tap the Search button.



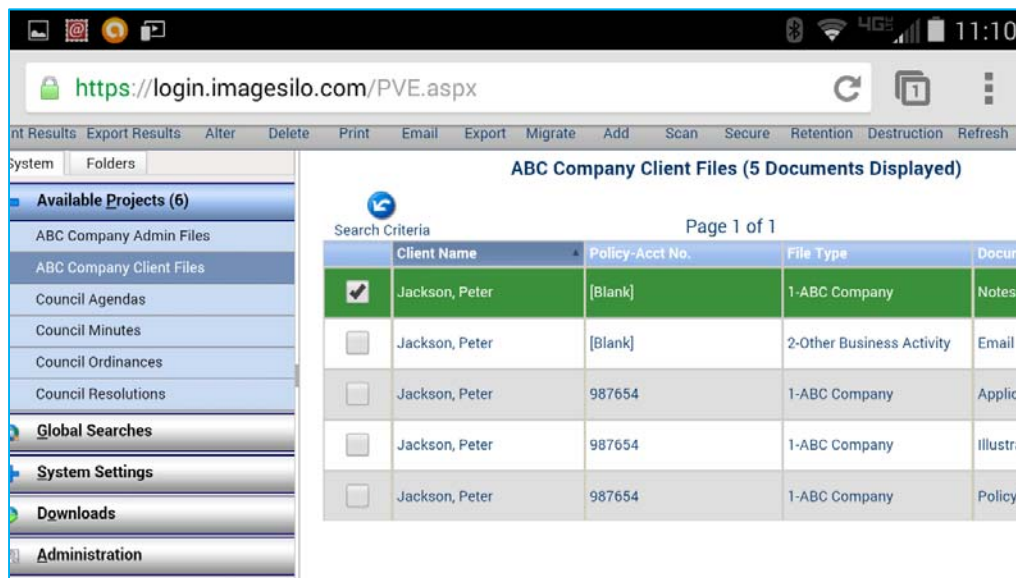
Android Screenshot



- The results screen is displayed. Simply tap the document you want to view.



Android Screenshot



- The document will be displayed in the viewer.

RP1791461

LIFE INSURANCE APPLICATION (PART I) TO:
 NEW YORK LIFE INSURANCE COMPANY (NYLIC) 51 Madison Avenue, New York, NY 10010
 NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (NYLAC) (A Delaware Corporation) 51 Madison Avenue, New York, NY 10010
 NYLIFE INSURANCE COMPANY OF ARIZONA (NYLAZ) (Not Licensed in Every State) 4343 North Scottsdale Rd., Suite 220, Scottsdale, AZ 85251

New Application Attained Age Term Conversion Original Policy No. _____
 Amend Application Original Age Term Conversion
 Reinstatement Exercising a rider: FPO SPO SFPO
 Paid Change Request GJR GJR Face Increase

A. Primary Insured

First Name: PETER Middle Name: RAY Last Name: JACKSON Suffix: _____
 Male Female Date of Birth (mm/dd/yyyy): 4/2/1971

Residence: Street: 1301 B. St. City: Sparks State: NV Country: USA Zip: 89431

Social Security No. 123-45-6789 Tax ID No. Exempt Applied for Driver's License No. _____ State: _____ None E-mail Address (optional) _____

Country of Citizenship: USA Country of Birth: USA State of Birth: CA How Long Living in the USA? Years: _____ Months: _____

Immigration Visa or Work Authorization (if other than a US citizen): _____ Expiration: Month: _____ Year: _____

Occupation: VP Employer Name: ABC CO 1301 B. St. Sparks NV 89431 City: _____ State: _____ Country: _____ Zip: _____

If age 18 or over, has Primary Insured used tobacco, nicotine or any nicotine substitution product in any form? Yes No (Year) _____

If "Yes", provide age _____ and date of last use (month/year) _____

Relationship information is required. UTMA/UGMA

Partnership Charitable Organization Last Name: _____ State: _____

Relationship to Primary Insured: _____

Trust

Name of Trust: _____ Date of Trust: _____
 State in which the Trust was executed: _____ Name of Trustee(s): _____

Uniform Transfers to Minors (UTMA/UGMA)

Name of Minor: First: _____ Middle: _____ Last: _____ Suffix: _____ Date of Birth (mm/dd/yyyy): _____

UTMA/UGMA for the state of: _____ Social Security No. or Tax ID No. Exempt Applied for

Joint or Additional Owner

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____ Date of Birth (mm/dd/yyyy): _____

Residence: Street: _____ City: _____ State: _____ Country: _____ Zip: _____

Social Security No. or Tax ID No. Exempt Applied for Relationship to Primary Insured: _____ Country of Citizenship: _____

Immigration Visa or Work Authorization (if other than a US citizen): _____ Expiration: Month: _____ Year: _____

Successor Owner Primary Insured

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____ Relationship to Primary Insured: _____

C. Applicant (if not Primary Insured)

Same as owner

First Name: _____ Middle Name: _____ Last Name: _____
 Residence: Street: _____ City: _____

If Primary Insured is under age 14 years 6 months, complete Amount of insurance in-force on the Applicant? _____
 Are all other children in the family insured or to be insured for at least \$204,900.80? _____

Page 1 of 3 | Jackson, Peter, 987654, 1-ABC Company, Application, Term Insurance, New York Life, PDF, 02/16/2014, ML, 03/04/2014 00:00:00

Android Screenshot →

Page 1 of 3 | Jackson, Peter, 987654, 1-ABC Company, Application, Term Insurance, New York Life, PDF, 02/16/2014, ML, 03/04/2014 00:00:00