



(Exhibit A)  
Current Insurance Status

TO: AVMA LIFE Group Insurance Administrator  
1200 E. Glen Ave  
Peoria Heights, IL 61616-5384

Name of Applicant: \_\_\_\_\_  
Group Policyholder: **AVMA LIFE Trust**

For Coverage under Group Policy: **G – 14884/5/6**

Date of Application: \_\_\_\_\_

Please check the appropriate box, sign and date.

I currently have a life insurance and/or annuity contract.

I do not currently have a life insurance and/or annuity contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

(EXHIBIT C)  
Agent Certification

I have used only New York Life Insurance Company approved sales materials in connection with the subject application. Copies of all sales materials used were left with the applicant.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_