



(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: _____