



# Our Whole Life Final Expense insurance policy is all about helping you plan ahead.

## Planning now makes good financial sense

The last thing you want loved ones to say when planning your final arrangements is, "I can't afford this." Grieving takes an emotional toll, and it can be even more difficult when there's a financial burden.

It's never easy to think about what life would be like for your family after you're gone. But planning now can help your loved ones focus on the life you lived, and less on your final expenses.



## Globe Life Insurance Company of New York's Whole Life Final Expense insurance policy is easy.

You may be able to get final expense insurance coverage with benefit amounts ranging from \$1,000 – \$25,000<sup>1</sup>.

As long as the policy remains in force, and no assignments have been made, the policy benefit will be paid to your beneficiary upon your death.\*

### Did You Know?

**\$9,100↑**

**The average cost of a funeral is over \$9,100<sup>2</sup>**

This doesn't include additional costs, such as cemetery plot, monument, marker, or miscellaneous cash-advance charges such as flowers or an obituary.

**\$255**

**If you're thinking, "What about my Social Security death benefit?"**

Social Security pays a lump-sum death benefit of **just \$255 to your surviving spouse or children**, and that's only if they meet certain requirements<sup>3</sup>.

\*Other terms and exclusions may apply

<sup>1</sup>Varies by issue age, as well as gender.

<sup>2</sup>National Funeral Directors Association, [www.nfda.org](http://www.nfda.org), 2019.

<sup>3</sup>[www.ssa.gov/survivorplan/ifyou7.html](http://www.ssa.gov/survivorplan/ifyou7.html)

# Definition of Replacement

Department of Financial Services  
of the State of New York

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the Agent or Broker is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

1. Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes \_\_\_\_ No \_\_\_\_
2. Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? Yes \_\_\_\_ No \_\_\_\_
3. Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? Yes \_\_\_\_ No \_\_\_\_
4. Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? Yes \_\_\_\_ No \_\_\_\_
5. Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? Yes \_\_\_\_ No \_\_\_\_
6. Continued with a stoppage of premium payments or reduction in the amount of premium paid? Yes \_\_\_\_ No \_\_\_\_

If you have answered YES to any of the above questions, a replacement as defined by New York Insurance Regulation 60 has occurred or is likely to occur and your Agent or Broker is required to provide you with the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts. You will also receive a completed Disclosure Statement no later than the time your new policy or new contract is delivered.

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

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

To the best of my knowledge, a replacement is involved in this transaction: Yes \_\_\_\_ No \_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Agent or Broker:** \_\_\_\_\_



**APPLICATION FOR LIFE INSURANCE \* GLOBE LIFE INSURANCE COMPANY OF NEW YORK  
A NEW YORK STOCK CO. \* HOME OFFICE: SYRACUSE, NEW YORK**

**Requested Effective Date (mm-dd-yyyy)**

-   -

**Payment Mode**     Monthly     Semi-Annual  
 Quarterly     Annually

**Payment Type**     Bank Draft     Direct

**Draft Day (01 to 28 only)**

**LIFE PLAN**

**Primary Applicant**       **Whole Life**

Life Face Amount      Premium  
 \$   ,         \$  ,    .

**Spouse**       **Whole Life**

Life Face Amount      Premium  
 \$   ,         \$  ,    .

**If you are not healthy enough to qualify for the level death benefit policy and a graded death benefit policy is issued, with minimal medical underwriting, the premium rate charged includes an extra mortality risk charge.**

**Total Premium** \$  ,    .

**Total Collected with Application** \$   ,    .

**Applicant if other than Primary Applicant/Owner**

Name: \_\_\_\_\_ Relationship to Primary Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is Primary Applicant to be Owner of all Policies? If "No", Owner shall be Primary Applicant.       **Yes**     **No**

**Best time to call:**

- 8 AM - Noon
- Noon - 6 PM
- 6 PM - 9 PM

Home Phone No.    -    -

Work Phone No.    -    -



**APPLICATION FOR LIFE INSURANCE \* GLOBE LIFE INSURANCE COMPANY OF NEW YORK  
A NEW YORK STOCK CO. \* HOME OFFICE: SYRACUSE, NEW YORK**

**Primary Applicant**

First Name																									M.I.		Height (ft. in.)		
Last Name																									<input type="radio"/> Male		Weight (lbs.)		
Address																									<input type="radio"/> Female				
City													State		Zip Code			Age											
Birth State		Date of Birth (mm-dd-yyyy)		-		-		SS #			-		-																

E-mail Address

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I, the agent, have personally seen this person.  Yes  No

Primary Applicant's Occupation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary Applicant's Beneficiary

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Beneficiary Relationship

--	--	--	--	--	--	--	--	--	--	--	--

**Beneficiary for Spouse will be Primary Applicant (owner) unless notice is given to Globe Life Insurance Company of New York's Home Office.**

<b>Spouse</b>																									M.I.		Height (ft. in.)		
First Name																									<input type="radio"/> Male		Weight (lbs.)		
Last Name																									<input type="radio"/> Female				
Birth State		Date of Birth (mm-dd-yyyy)		-		-		Age			I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No																		
SS #			-		-																								
Occupation																													



**APPLICATION FOR LIFE INSURANCE \* GLOBE LIFE INSURANCE COMPANY OF NEW YORK  
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**IF THE ANSWER IS "YES" TO ANY ONE OF QUESTIONS 1-5 BELOW FOR THE PRIMARY APPLICANT AND/OR SPOUSE, THEN THE PRIMARY APPLICANT AND/OR SPOUSE IS NOT ELIGIBLE FOR COVERAGE.**

	PRIMARY APPLICANT YES/NO	SPOUSE YES/NO
1. Has the Applicant ever been diagnosed or treated for AIDS and/or HIV infection by a licensed member of the medical profession?	○ ○	○ ○
2. Is the Applicant bedridden, hospitalized, a resident of a nursing facility or require assistance with activities of daily living (eating, bathing, dressing, etc.)?	○ ○	○ ○
3. Has any Applicant:		
a. Been advised that they have a terminal illness?	○ ○	○ ○
b. Had amputation due to illness or disease?	○ ○	○ ○
c. Been advised to have or had an organ (other than cornea) or bone marrow transplant?	○ ○	○ ○
d. Been diagnosed or treated for cirrhosis or Amyotrophic Lateral Sclerosis (ALS)?	○ ○	○ ○
e. Been diagnosed as having or received treatment for chronic kidney failure, which includes dialysis?	○ ○	○ ○
f. Been diagnosed, treated, or advised to treat, or ever taken medication for: Chronic kidney disease or disorder, Alzheimer's disease, Dementia, Muscular dystrophy or atrophy, Parkinson's disease, Multiple sclerosis, Cerebral palsy, Sickle cell anemia, Cystic fibrosis, Down syndrome, Systemic lupus (SLE), or Huntington's disease?	○ ○	○ ○
g. Had a cardiac defibrillator implanted?	○ ○	○ ○
4. Within the <b>past year</b> , has the Applicant been advised to be or been hospitalized for a heart or circulatory condition including stroke, heart attack, congestive heart failure or heart valve disorder?	○ ○	○ ○
5. Within the <b>past two (2) years</b> , has the Applicant:		
a. Been diagnosed as having, received treatment for, or been advised to take tests to determine if they have cancer (other than skin), leukemia, lymphoma, melanoma, sarcoma or other malignant tumor or growth?	○ ○	○ ○
b. Had Chronic Lung Disease which requires oxygen equipment to assist in breathing?	○ ○	○ ○
c. Been diagnosed or received treatment for drug or alcohol abuse or been advised by a physician to reduce drug or alcohol consumption?	○ ○	○ ○

**IF THE PRIMARY APPLICANT OR SPOUSE ANSWERS "NO" TO QUESTIONS 1-5, BUT THEN ANSWERS ANY OF THE FOLLOWING QUESTIONS 6-7 "YES," THE PRIMARY APPLICANT OR SPOUSE MAY ONLY BE ELIGIBLE FOR A GRADED DEATH BENEFIT LIFE PLAN. IF THE PRIMARY APPLICANT OR SPOUSE ANSWERS MORE THAN ONE (1) QUESTION YES, THEY MAY NOT BE ELIGIBLE FOR COVERAGE. GRADED DEATH NOT AVAILABLE FOR ALL PLANS.**

6. Within the <b>past three (3) years</b> , has any Applicant:		
a. Used a wheelchair on a daily basis in the home due to illness?	○ ○	○ ○
b. Had or received treatment for any disease or disorder of the liver (including hepatitis C) or hemophilia or lupus?	○ ○	○ ○
c. Had or been treated for mental disorder (including mental retardation) or any brain disease or disorder?	○ ○	○ ○
d. Had or been treated for chronic obstructive pulmonary disease (COPD), emphysema, or any chronic disease or disorder of the lungs?	○ ○	○ ○
e. Had diabetes that required treatment with insulin?	○ ○	○ ○
f. Had or been treated for seizure disorder or epilepsy?	○ ○	○ ○
g. Been confined to a hospital three (3) or more times?	○ ○	○ ○
h. Had or been treated for a disease or disorder of the heart, arteries, or circulatory system including stroke, heart attack, congestive heart failure, peripheral vascular disease or heart valve disorder?	○ ○	○ ○
i. Been advised by a physician to have medical or diagnostic tests to determine if they have a disease or disorder of the arteries, heart or circulatory system, but have not yet completed those tests?	○ ○	○ ○
7. During the <b>past ten (10) years</b> , has the Applicant been diagnosed as having, received treatment for, or been advised to take tests to determine if he/she has cancer (other than skin), leukemia, lymphoma, melanoma, sarcoma or other malignant tumor or growth?	○ ○	○ ○

**ALL LIFE INSURANCE APPLICANTS MUST ANSWER ALL THE FOLLOWING QUESTIONS.**

8. Has any Applicant used tobacco or nicotine in any form within the past 12 months?	○ ○	○ ○
9. Does any Applicant have any existing life insurance or any pending application for life insurance? If yes, list coverage type _____	○ ○	○ ○
10. Is the life insurance being applied for intended to replace or change any existing life insurance?	○ ○	○ ○



**APPLICATION FOR LIFE INSURANCE \* GLOBE LIFE INSURANCE COMPANY OF NEW YORK  
A NEW YORK STOCK CO. \* HOME OFFICE: SYRACUSE, NEW YORK**

AGREEMENT: I hereby apply to Globe Life Insurance Company of New York for a policy to be issued solely and entirely in reliance upon the written answers to the foregoing questions, and I expressly agree on behalf of myself as follows: (1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief, (2) The insurance hereby applied for shall not be considered in force until a policy is issued and the full first premium paid thereon, and (3) I fully understand that if the Company should issue a graded death benefit, the death benefit payable during the first three years shall be a percentage of the initial face amount of insurance as follows: 25% first policy year, 50% second policy year, 75% third policy year and 100% the fourth policy year and thereafter. A copy of this application will be attached to and made part of the policy.

I hereby authorize MIB, Inc. ("MIB"), any insurance company, hospital, physician, or other practitioner that possesses any records of me or my physical or mental health (excluding psychotherapy notes) and/or treatment and any pharmacy or any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to Globe Life Insurance Company of New York ("GLNY") for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. 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. I authorize GLNY, or its reinsurers, to make a brief report of my personal health information to MIB. This authorization shall be valid for two years from this date and may be revoked by sending written notice to GLNY. I understand that I or my authorized representative may request a copy of this authorization from GLNY or request a copy of the information in MIB's files by writing to MIB at MIB, Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or calling (866) 692-6901. I acknowledge receipt of the MIB Pre-Notice. A photographic copy of this authorization will be as valid as the original.

Signed \_\_\_\_\_  
**Primary Applicant**

Signed \_\_\_\_\_  
**Applicant (If other than the Primary Applicant)**

Signed \_\_\_\_\_  
**Spouse**

Date Application Signed (mm-dd-yyyy)   -   -

City State

**To the best of your knowledge as writing agent, is the insurance applied for intended to replace any existing insurance?**       Yes  No

**I certify I have personally seen the applicant.**       Yes  No

**I certify that I have accurately recorded the information supplied by the applicant.**

\_\_\_\_\_  
**Agent's Signature**

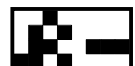
Last Name           Agent No.

**Print First 5 Letters of Agent's Last Name**

**SEND POLICY TO:**    Agent    Applicant

(The Policy will be sent to Applicant unless otherwise instructed.)

GNYL14





**Draft date cannot be the 29th, 30th or 31st.**

Proposed Insured's Social Security Number

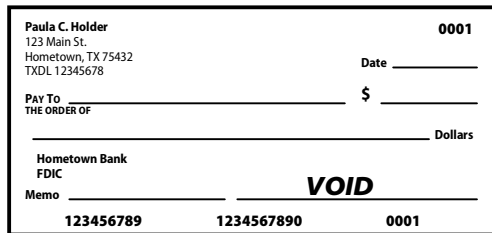
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Requested Bank Draft Day (dd)

□□

Payor's First Name										M.I.	
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Payor's Last Name											
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Bank ABA Routing Number						Account Number					
□□□□□□□□□□□□□□□□						□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□					
Bank Name											
□□□											

**Account information fields above must be complete if voided check is not attached.**  
See the example check below for the location of the Bank Routing Number and Account Number.



Bank ABA Routing Number: 123456789  
Account Number: 1234567890  
Check Number: 0001

Helpful Information for Social Security Recipients		
Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1 <sup>st</sup> – 10 <sup>th</sup>	14 <sup>th</sup>
Third Wednesday	11 <sup>th</sup> – 20 <sup>th</sup>	21 <sup>st</sup>
Fourth Wednesday	21 <sup>st</sup> – 31 <sup>st</sup>	28 <sup>th</sup>

As a convenience to me, I hereby request and authorize you, Globe Life Insurance Company of New York, Syracuse, New York, to initiate debit entries to my bank account, as recorded above, for insurance premiums and/or non-insurance product fees, as applicable, and the bank named above to debit the same to such account. I agree that your rights and treatment of such debits shall be the same as if they were checks personally signed by me. I further agree that if any such debits are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even if such dishonor results in the forfeiture of insurance. This authorization will remain in effect until revoked by me in writing to you, provided that you and the bank shall have a reasonable opportunity to act on such notification. All premiums and/or fees may be automatically withdrawn from my account on MONTHLY mode, unless a different mode has been selected on the application(s).

**NOTE - Business accounts are permitted only in relation to sole proprietorships, in which case a voided check and a completed Sole Proprietor form (SP 9-01) are required.**

\_\_\_\_\_  
**Payor's Signature (as it appears on bank records)**





Applicant name (first, middle, last)	Policy/contract number (if known)	Date of birth
Additional applicant name (first, middle, last) (If applicable)	Policy/contract number (if known)	Date of birth

This form is required for the issue of new life products and all transactions where new compensation will be involved as the result of modification of an existing life product. All questions below, unless otherwise indicated, require a response.

Please select the appropriate transaction under consideration

- New Transaction, Recommendation Made
- New Transaction, No Recommendation Made (Explanation Required under Agent Attestation)

It is important that the life insurance policy recommended be suitable based on the evaluation of relevant suitability information. You should be reasonably satisfied that the product meets your needs and objectives.

The Company expects each Agent selling its products to determine the appropriateness of every product recommendation according to the Company's guidelines prior to submitting an application. Please read the questions and statements on this Life Suitability Form carefully. It is important to complete all sections thoroughly to ensure an appropriate recommendation has been made. If more information is required to determine suitability, the Applicant may be contacted by a company representative and asked to provide additional information. **Please be aware that Globe Life Insurance Company of New York may decline this application if information is incomplete or is deemed insufficient to make an informed suitability decision.**

## Financial Information (Responses below should be for combined household excluding dependents)

### 1. Tax Status:

If the Applicant is an Individual, select one of the following:

- Single                       Married Filing Jointly  
 Married Filing Separately    Head of Household  
 Qualifying Widower with Dependent Child

If the Applicant is a Business, select one of the following:

- C Corporation                 LLC  
 S Corporation                 Sole Proprietorship  
 LP                                 Other

### 2. Current Finances:

a. Annual Income: \_\_\_\_\_

b. Existing Assets: \_\_\_\_\_

*(Total of all your Assets, including value of all annuities and cash value of permanent life insurance)*

c. Total Net Worth: \_\_\_\_\_

*(Assets minus Liabilities)*

d. Liquid Net Worth: \_\_\_\_\_

*(Net worth that can be readily be turned into cash)*

3. For each type of liability or financial obligation that you currently have, check the corresponding box and complete the requested information. If you have multiple loans that qualify for a single type, please provide the combined amounts.

If you do not have liabilities or formal obligations, please check here:

Type of Loan	Balance	Total Monthly Payment	Remaining Term of Liability
Mortgage	\$	\$	
Credit Cards	\$	\$	
Auto/Student/Personal	\$	\$	
Other	\$	\$	

4. Do you have existing life insurance or annuities?

- Yes     No

If Yes, what are your combined total annual premiums? \$ \_\_\_\_\_

## Financial Experience

5. Provide length of experience by selecting the appropriate number of years for the following investment vehicles.

	1 to 4 years	5+ years	Never Owned
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking/Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Financial Information (Responses below should be for combined household excluding dependents)

### Financial Objective(s) and Intended Use(s)

6. What are your financial objectives or intended use for this life insurance policy?

(Check all boxes that apply)

- Estate Planning/Wealth Accumulation/Wealth Transfer     Family/Business Protection/Income Replacement  
 Gifting     Other: \_\_\_\_\_

### Financial Time Horizon

7. Do you intend to withdraw or take a loan from the account value of the life insurance policy during any applicable surrender charge period?

- Yes     No

If "Yes," check all that apply:

- Loans/Cash Withdrawals     Partial Surrender     Full Surrender

8. Do you anticipate changes to any of the items below during any applicable surrender charge period?

- Yes     No

If "Yes," check all that apply:

- Annual Income     Existing Assets     College Funding  
 Liquidity Needs     Liquid Net Worth     Pay-Off Loans  
 Retirement Expenses

How will this impact your ability to afford this life insurance policy? (Please explain below):

### Surrender Charges

9. I understand that this new life insurance policy has surrender charges for early surrenders/withdrawals. I have been provided with and have read a product illustration or projection of values that discloses the surrender charge period and the surrender charge amounts.

- Yes     No

10. I intend to keep the life insurance policy at least through the policy's surrender charge period.

- Yes     No

**Source of Funds**

11. What is the source of funds for purchasing this life insurance policy?

**(Check all boxes that apply)**

- Annuity Payments
- Current Income
- Gift/Inheritance
- Employer Retirement Account
- Money from a Surrendered or Partially Surrendered Life Insurance Policy or Annuity
- Loan, Other
- CDs/Investment Product
- Business Activity
- Cash
- Savings/Checking
- Money Market

12. Have you surrendered or replaced any annuity or life insurance policy within the past 36 months?

(This includes partial or full surrenders or replacements)

- Yes
- No

If "Yes," will funds from the surrendered contract be used (directly or indirectly) toward the premium of this proposed contract?

- Yes
- No

If "Yes," complete the following questions:

Will the proposed life insurance policy replace an existing annuity contract or life insurance policy?

- Yes
- No
- N/A

What significant material benefit(s) will you realize by replacing your current contract or policy?

**(Check all boxes that apply)**

- Guaranteed Level Premiums
- Level/Guaranteed Death Benefit Protection
- Increased Death Benefit with Better Pricing
- Other \_\_\_\_\_
- Reduction in Premium Cost
- Increased Potential for Cash Value Growth
- N/A

This form is to be completed by the Agent to demonstrate satisfaction of certain components of New York Insurance Regulation 187 (11 NYCRR 224) and to ensure that the appropriate information is provided to and retained by Globe Life Insurance Company of New York.

To satisfy the requirements of the regulation, it is necessary to appropriately collect a consumer's information. Please indicate below whether you are able to certify that you have appropriately collected the consumer's suitability information.

I have collected the required suitability information (including, as applicable: age, annual income, financial situation and needs, existing assets) to make an informed recommendation.

Yes    No

If No, please explain:

I have provided a recommendation regarding this product to the consumer, and have disclosed my basis for such recommendation to the consumer.

Yes    No

If No, please explain:

Agent Signature	Agent Number	Date
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**Life Insurance Packet  
Applicant Acknowledgement**



Thank you for your application.

By signing below you acknowledge that you have received, read and understood the information and notices listed below. Keep your copies with your policy. Contact your Agent or visit [GlobeLifeOfNewYork.com](http://GlobeLifeOfNewYork.com) with any questions.

**Notices:**

- GNY DEF Definition of Replacement
- Preliminary Information Form GNY-PRELIM or GNY-PRELIMGD
- GNY PREMIB Notice (Medical Information Bureau)
- Life Insurance Buyer's Guide (NAIC)

\_\_\_\_\_  
Signature of proposed insured/applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Writing Agent Name (please print)

\_\_\_\_\_  
Writing Agent Signature

\_\_\_\_\_  
Writing Agent #



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## Fax

To: New Business Department  
Attn: New Business  
Primary Fax: 972-569-3678  
Secondary Fax: 972-767-4462  
From:

Date

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Agent Name

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Agent No.

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Agent Phone

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# of Pages

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Applicant Name

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The attached documents are for Final Expense Whole Life application processing.

Comments

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### Important:

- Remember to include Bank Draft authorization.
- Do not fax applications that have been mailed.
- Send only one application per fax.
- Send fax to only one phone number.
- A Definition of Replacement Form is required with all applications (GNY-DEF). Replacements are not allowed.
- Applications for life products will not be processed without required forms completed.

The information contained in this transmission is confidential and is intended only for the person or entity to which it is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this fax in error, please notify the sender immediately by calling the above listed phone number.

GNY3126 1019



# Definition of Replacement

Department of Financial Services  
of the State of New York

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the Agent or Broker is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

1. Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes \_\_\_\_ No \_\_\_\_
  
2. Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? Yes \_\_\_\_ No \_\_\_\_
  
3. Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? Yes \_\_\_\_ No \_\_\_\_
  
4. Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? Yes \_\_\_\_ No \_\_\_\_
  
5. Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? Yes \_\_\_\_ No \_\_\_\_
  
6. Continued with a stoppage of premium payments or reduction in the amount of premium paid? Yes \_\_\_\_ No \_\_\_\_

If you have answered YES to any of the above questions, a replacement as defined by New York Insurance Regulation 60 has occurred or is likely to occur and your Agent or Broker is required to provide you with the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts. You will also receive a completed Disclosure Statement no later than the time your new policy or new contract is delivered.

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

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

To the best of my knowledge, a replacement is involved in this transaction: Yes \_\_\_\_ No \_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Agent or Broker:** \_\_\_\_\_

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**PRELIMINARY INFORMATION FORM – GNYSWL17R**  
FINAL EXPENSE AND JUVENILE WHOLE LIFE APPLICATIONS  
(GNYL14 AND GNYJUV14)

**Prepared by:** Agent Name \_\_\_\_\_

**Agent Address**

\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_

Amount of Insurance \_\_\_\_\_

Initial Premium \_\_\_\_\_

**Guaranteed Cash Surrender Value for basic policy**

End of 10 years \_\_\_\_\_

End of 20 years \_\_\_\_\_

**Policy Loan Rate** \_\_\_\_\_

**Life Insurance Cost Indexes**

10 Year Net Payment Index \_\_\_\_\_

20 Year Net Payment Index \_\_\_\_\_

10 Year Surrender Index \_\_\_\_\_

20 Year Surrender Index \_\_\_\_\_

When the policy is issued, a complete policy summary, including cost data, based on the benefits, premiums and dividends of the policy as issued, will be furnished; and that, following the receipt of the policy and policy summary, there will be a period of not less than ten days within which the applicant may return the policy for an unconditional refund of the premiums paid.

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**PRELIMINARY INFORMATION FORM – GNYSWLGD17R**  
FINAL EXPENSE GRADED APPLICATION GNYL14

**Prepared by:** Agent Name \_\_\_\_\_

**Agent Address**

\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_

Amount of Insurance \_\_\_\_\_

Initial Premium \_\_\_\_\_

**Guaranteed Cash Surrender Value for basic policy**

End of 10 years \_\_\_\_\_

End of 20 years \_\_\_\_\_

**Policy Loan Rate** \_\_\_\_\_

**Life Insurance Cost Indexes**

10 Year Net Payment Index \_\_\_\_\_

20 Year Net Payment Index \_\_\_\_\_

10 Year Surrender Index \_\_\_\_\_

20 Year Surrender Index \_\_\_\_\_

When the policy is issued, a complete policy summary, including cost data, based on the benefits, premiums and dividends of the policy as issued, will be furnished; and that, following the receipt of the policy and policy summary, there will be a period of not less than ten days within which the applicant may return the policy for an unconditional refund of the premiums paid.

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## **MIB, Inc., Pre-Notice**

Information regarding your insurability will be treated as confidential. Globe Life Insurance Company of New York, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Globe Life Insurance Company of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).



# LIFE INSURANCE BUYER'S GUIDE

*Provided as required by the State Insurance Department and/or the N.A.I.C.*

## PREPARED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

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The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. This Guide Does Not Endorse Any Company Or Policy

## THIS GUIDE CAN HELP YOU WHEN YOU SHOP FOR LIFE INSURANCE. IT DISCUSSES HOW TO:

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- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

## IMPORTANT THINGS TO CONSIDER

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1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

## BUYING LIFE INSURANCE

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When you buy life insurance, you want coverage that fits your needs.

**First**, decide how much you need – and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

**Next**, learn what kinds of policies will meet your needs and pick the one that best suits you.

**Then**, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide only provides basic information. You can get more facts from a life insurance agent or company or from your public library.

## WHAT ABOUT THE POLICY YOU HAVE NOW?

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If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.

## LIFE INSURANCE BUYER'S GUIDE (*continued*)

- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you now have.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying right now.

### HOW MUCH DO YOU NEED?

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Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have any children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after death?

### WHAT IS THE RIGHT KIND OF LIFE INSURANCE?

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All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during the conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Cash Value Life Insurance** is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against the policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without cancelling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types: whole life, universal life and variable life are all types of cash value insurance.

## LIFE INSURANCE BUYER'S GUIDE (*continued*)

**Whole Life Insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of a flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

## LIFE INSURANCE ILLUSTRATIONS

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You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers on the illustration are not guaranteed.

## FINDING A GOOD VALUE IN LIFE INSURANCE

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After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of the company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earning on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

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# Graded Death Benefit

Graded Death Benefit is for applicants with certain health conditions that may otherwise be considered uninsurable.

1st Policy Year	2nd Policy Year	3rd Policy Year	4th Policy Year+
25% of Death Benefit	50% of Death Benefit	75% of Death Benefit	100% of Death Benefit

**Example:**

1st Policy Year	2nd Policy Year	3rd Policy Year	4th Policy Year+
\$10,000 Death Benefit	\$10,000 Death Benefit	\$10,000 Death Benefit	\$10,000 Death Benefit
Graded Value \$2,500	Graded Value \$5,000	Graded Value \$7,500	Graded Value \$10,000



**Life Insurance Packet  
Applicant Acknowledgement**



Thank you for your application.

By signing below you acknowledge that you have received, read and understood the information and notices listed below. Keep your copies with your policy. Contact your Agent or visit [GlobeLifeOfNewYork.com](http://GlobeLifeOfNewYork.com) with any questions.

**Notices:**

- GNY DEF Definition of Replacement
- Preliminary Information Form GNY-PRELIM or GNY-PRELIMGD
- GNY PREMIB Notice (Medical Information Bureau)
- Life Insurance Buyer's Guide (NAIC)

\_\_\_\_\_  
Signature of proposed insured/applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed insured (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Writing Agent Name (please print)

\_\_\_\_\_  
Writing Agent Signature

\_\_\_\_\_  
Writing Agent #

With Globe Life Insurance Company of New York's Whole Life Final Expense Policy, you may be able to reduce the burden upon your family by helping them cover these costs:



**Funeral Home**



**Casket**



**Cremation and Urn**



**Cemetery Plot**



**Marker/Headstone and Vault**



**Hardship Travel for Loved Ones**

## Here's the best part!

- Final expense insurance provides permanent lifetime coverage, provided that premiums are paid\*
- Accumulates cash and loan value
- No medical exam or attending physician statement required to apply: policy issue or payment of benefits may depend on answers given in the application and the truthfulness thereof.
- Simplified application with personal health questions – family medical history not an issue

## More things you should know:

- Issue ages 50-80 for standard rates\*\*
- Spouse can apply as secondary applicant
- Premiums guaranteed level for life
- Standard policy (GNYSWL17R), face amounts guaranteed level for life
- Graded Death Benefit (GNYSWLGD17R)\*\*\* may be offered for certain health conditions that may be considered uninsurable

## Premium Worksheet<sup>◇</sup>

Benefit Amount			
<input type="checkbox"/> Individual Age _____			
<input type="checkbox"/> Spouse Age _____			
<b>Monthly Premium</b>			

◇For illustration purposes only. Rates subject to change.

## Estimate your needs

Funeral Home.....\$ \_\_\_\_\_  
 Casket.....\$ \_\_\_\_\_  
 Cremation and Urn.....\$ \_\_\_\_\_

Cemetery Plot.....\$ \_\_\_\_\_  
 Marker/Headstone and Vault.....\$ \_\_\_\_\_  
 Hardship Travel for Loved Ones.....\$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

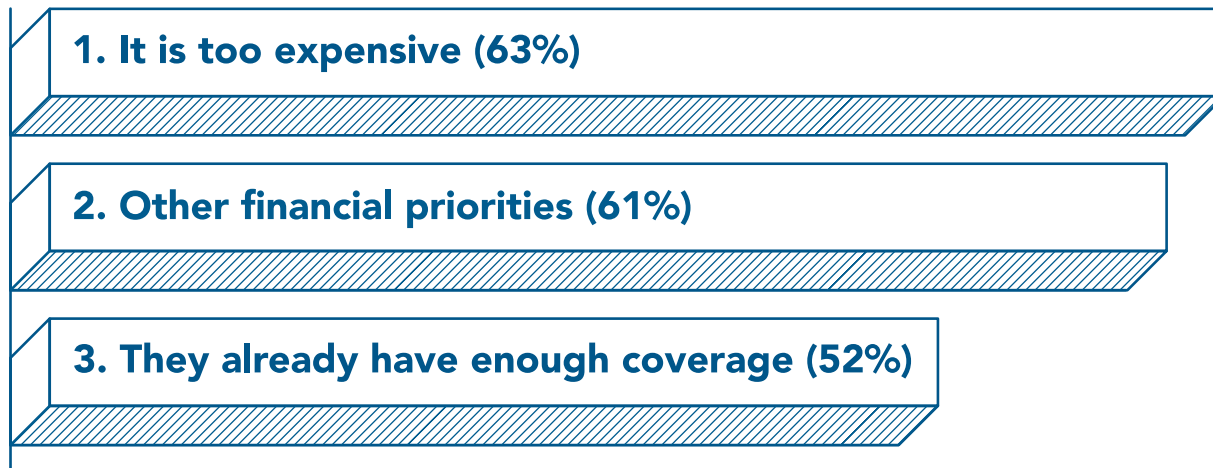
\*Other terms and exclusions may apply

\*\*50-73 (Males)/50-75 (Females) for graded policies. Maximum issue age varies based on gender, as well as policy selected.

\*\*\*Pays a lower amount if death occurs during the first three years the policy is in force. After coverage is in force for four years, benefit pays stated face amount.

# Facts

According to the Life Insurance and Market Research Association (LIMRA), the most common reasons people do not buy (or do not buy more) life insurance are:



The top reason for owning life insurance in 2018 is to help **cover burial and other final expenses (90%)**



### Half of all consumers

want a primary financial advisor; 37% have one, 14% are looking for one.



### Almost 3 in 10

of all consumers say they would research and buy life insurance online.



### About 35%

of U.S. households say they would feel the financial adversity from the loss of their primary wage earner in just one month.

Source: LIMRA, 2018 Insurance Barometer Study, 2018



P.O. Box 3125  
Syracuse, NY 13220-3125  
GlobeLifeofNewYork.com

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