Athene Annuity & Life Assurance Company of New York 1 Blue Hill Plz, Ste 1672 • Pearl River, New York 10965

APPLICATION FOR REINSTATEMENT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND PROPERLY SIGNED (PLEASE PRINT)

Policy	No Amount paid with this application \$						
Name	of Owner						
Name	of each Insured			 			
Name	of Payor Insured (if applicable)						
	SE ANSWER EACH QUESTION BELOW FOR A R THIS POLICY OR ANY ATTACHED RIDER, S				. HAS ANY	'INSURED	
İ	Been diagnosed with or treated by a medical pro impairment, sickness, operation, mental disorder A. Height In. B. W	r, injury?		FIRST INSURED		CHILDREN	
3. 4.	Smoked cigarettes or used tobacco in any other Used barbiturates, heroin, cocaine, marijuana or controlled substance except as prescribed by a p	form in the any other i	past 12 months? llegal, restricted, or	Yes No	Yes No	Yes No	
5.	how often? a. Been advised to limit or cease the use of alcol b. Been counseled, sought help or treatment, or counseling or treatment for alcohol problems?	been advis	_	3.			
7.	Had a driver's license restricted, revoked or susp Engaged or intend to engage in hang gliding, rac scuba or sky diving?	cing, mount	ain climbing, skin,	7. 🗆 🗆			
8.	If Yes, complete Hazardous Activities Questionna Taken within five years or intend to take flights of passenger on scheduled	ther than a	s a fare-paying	9. 0 0			
	airlines? If Yes, complete Aviation Questionnaire Been convicted of a felony or misdemeanor withi		10 years?	11. 🗆 🗖			
11. EXF	Applied for new or reinstatement of insurance? (I insurance; whether pending, issued, refused, pos Been diagnosed by or received treatment from a Immune Deficiency Syndrome (AIDS) or AIDS R PLAIN ANY "YES" ANSWERS; INDICATE QUES BET AND RECOVERY, NAME AND ADDRE JERED, LIST NAMES OF CHILDREN BORN	stponed, lir member o elated Com STION #, N ESS OF I	nited or rated). If the medical profession plex (ARC)? AME OF INSURED APHYSICIAN, CLINIC	on for Acquir	ed DISORDER PITAL. IF	CHILDREN	
who may I ag ther with	person who knowingly or willfully presents knowingly or willfully presents false inform be subject to fines and confinement in priso ree that any reinstatement of this Policy, as graeto, copies of which shall be attached to and main two years from the date of the approval herecatrue to the best of my knowledge and belief.	nation in a on. anted by th ade a part	 application for in e Company upon this of the reinstated police 	surance is of surance is of surance is of surance is of surance is surance is surance is surance is of surance is	and any sontestable	crime and upplements at any time	
Sigr	ned at	_ this	day of		20		
(Wit	ness - not a beneficiary)	OWNER					
SEC	COND INSURED (if Joint Policy)	INSURE	D			 	
24 n relat know such con Act(of m give trans inve	THORIZATION - A photo copy of this authorize nonths. I hereby authorize any licensed physicial ted facility, insurance company, MIB, Inc. ("MIB") whedge of me or my health to give Athene Annothing information. This includes data related to drug nection with the preparation of an investigation of an invest	an, medical), or other of uity & Life gs, alcoholis on. I author te the colle Annuity & ty & Life As this applicated	practitioner, hospital, organization, institution Assurance Company of mental illness. The report as defined ize the Company, or inction of data, I authorical Life Assurance Company of eation; if a consumer	clinic or other n or person to of New Yor It also includ under the its reinsurers ize all such some new York to report is programment.	er medical of that has any k or its reir des data of Fair Credit to make a ources, exc w York to o prepare or repared, I of	or medically records or neurers any obtained in Reporting brief report tept MIB, to collect and obtain any	
Date	9		INSURED (or Owner)			
			SECOND INSURED ((if Joint Policy	/)		

421 (REV. 03/18) MD PAYOR INSURED

DDITIONAL INFORMATION					
ereby declare that all the above statement	ts are full, complete a	and true to the best of my	y knowledge and belief		
gned at	this	day of	20		
Vitness - not a beneficiary)	OWNER	OWNER			
ECOND INSURED (if Joint Policy)	INSURED	INSURED			

KEEP FOR YOUR RECORDS

NOTICE WITH REGARD TO MIB, INC.

MIB Disclosure Notice

Information regarding your insurability will be treated as confidential. Athene Annuity & Life Assurance Company of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc. ("MIB"), 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.

Athene Annuity & Life Assurance 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.

9/08

NOTICE AS REQUIRED BY THE FAIR CREDIT REPORTING ACT ABBREVIATED NOTICE REGARDING THE INSURANCE INFORMATION PRACTICES

We are required to tell you that a consumer report about you and any other person proposed for insurance may be made; this is in connection with and is a normal part of our processing of your application. The people making the report will talk to your friends, neighbors, family members, co-workers and others having knowledge of you; they will ask about your business and personal life. You have a right to ask us in writing whether such a report was prepared; we must give you the name and address of the Agency which made the report, if any. The Agency will give you a copy of the report if you ask them for it. All information collected by us either from you or other sources may in certain circumstances be disclosed to third parties without authorization more specific than as set forth in this application. You have a right of access and correction with respect to the data, except that which relates to claim or civil or criminal proceeding; or to medical record information. Medical record information may be accessed by a medical professional you designate. Our Underwriting Department will provide a more detailed review of our information practices if you request it.