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 COMDUCTED IN ITS ENTIDETY AND DEODEDLY SIGNED (DI FASE DRINT)

Polic	THIS FORM MUST BE COMPLETED IN ITS ENTIRETY y No Amo		•	•	
	e of Owner				
	e of each Insured				
	e of Payor Insured (if applicable)				
	ASE ANSWER EACH QUESTION BELOW FOR ALL INSUF ER THIS POLICY OR ANY ATTACHED RIDER, SINCE THE			'. HAS ANY	/ INSURED
1. 2.	Consulted or been treated by any physician or practitioner of impairment, sickness, operation, mental disorder, injury? A. Height Ft In. B. Weight		FIRST	SECOND PAYOR INSURED	CHILDRE
3.	Smoked cigarettes or used tobacco in any other form in the	•	Yes No	Yes No	Yes No
4.	Used barbiturates, heroin, cocaine, marijuana or any other controlled substance except as prescribed by a physician? how often?		1. 🗆 🗆		
5.	a. Been advised to limit or cease the use of alcoholic bever	ages?	4. □ □		
6.	b. Been counseled, sought help or treatment, or been adviscounseling or treatment for alcohol problems?Had a driver's license restricted, revoked or suspended?	sed to undergo	5a 🗆 🗆 5b 🗆 🗆 6. 🗆 🗆		
0. 7.	Engaged or intend to engage in hang gliding, racing, moun	tain climbing, skin.	7. 🗆 🗆		
	scuba or sky diving? If Yes, complete Hazardous Activities Questionnaire.		8. 🗆 🗆		
8.	Taken within five years or intend to take flights other than a passenger on scheduled	s a rare-paying			
	airlines? If Yes, complete Aviation Questionnaire.		10. 🗆 🗆 11. 🗆 🗆		
9.	Been convicted of a felony or misdemeanor within the past	•			ı
10.	Applied for new or reinstatement of insurance? (If Yes, give insurance; whether pending, issued, refused, postponed, lin		amounts; typ	es of	
11.		of the medical profession	on for Acquir	ed	
ap pu wh I a the wit	y person who knowingly and with intent to defraud plication for insurance or statement of claim containing rpose of misleading, information concerning any fact relich is a crime and subjects such person to criminal and gree that any reinstatement of this Policy, as granted by the ereto, copies of which shall be attached to and made a part hin two years from the date of the approval hereof. I hereby detrue to the best of my knowledge and belief.	g any materially false material thereto com- civil penalties. ne Company upon this of the reinstated polic	information mits a frauce application y, shall be c	and any sontestable	eals for the urance act, upplements at any time
	, ,	day of		20	
	(Witness - not a beneficiary) OWN	NER			
	SECOND INSURED (if Joint Policy) INSU	JRED			
	INSL	JRED (child age 18 or	older)		
reliknosuo co Ac of giv tra inv into	THORIZATION - A photo copy of this authorization shamonths. I hereby authorize any licensed physician, medical ated facility, insurance company, MIB, LLC ("MIB"), or other owledge of me or my health to give Athene Annuity & Life the information. This includes data related to drugs, alcoholic nunection with the preparation of an investigative consumpt(s) and referred to elsewhere in this application. I authomy personal health information to MIB. To expedite the college the data to any agency employed by Athene Annuity & Life Asteroidal and the information to make the consumer report in connection with this application. I am aware that I am entitled to the serviewed: SURED (child age 18 or older)	I practitioner, hospital, organization, institution Assurance Company sm or mental illness. I mer report as defined rize the Company, or it action of data, I authorize Life Assurance Company of ation; if a consumer	clinic or other or person to of New Yorkt also included under the serinsurers are all such serins of New York to report is prauthorization	er medical of hat has any k or its reir cles data of Fair Credit, to make a ources, exc w York to prepare or repared, I of form.	or medically records or nesurers any obtained in Reporting brief report cept MIB, to collect and robtain any

421 (REV. 9/18) PA PAYOR INSURED

ereby declare that all the above statements are	full, complete and true to the best of my k	knowledge and belief.
gned at	this day of	20
like and the bounding of the second	OWALED	
itness - not a beneficiary)	OWNER	
ECOND INSURED (if Joint Policy)	INSURED	

KEEP FOR YOUR RECORDS

NOTICE WITH REGARD TO MIB, LLC

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 MIB, LLC ("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.