

**Individual Annuity Application  
Single Premium Immediate Annuity**

**The United States Life Insurance Company in the City of New York**

Administrative Office: P.O. Box 15367, Amarillo, TX 79105-5367

<b>1. MEASURING LIFE</b>	Name: Last _____ First _____ Middle _____				
	Address: Street _____ City _____ State _____ Zip _____				
	Sex	Date of Birth	Citizenship	Social Security Number	Daytime Telephone (    )
<b>2. BENEFICIARY</b>	<div>Primary Beneficiary _____ SSN _____ Relationship _____</div> <div>Secondary Beneficiary _____ SSN _____ Relationship _____</div>				
<b>3. PAYEE (IF OTHER THAN MEASURING LIFE)</b>	Name: Last _____ First _____ Middle _____				
	Address: Street _____ City _____ State _____ Zip _____				
	Sex	Date of Birth	Social Security Number		Daytime Telephone (    )
<b>4. JOINT MEASURING LIFE, IF ANY</b>	Name: Last _____ First _____ Middle _____				
	Address: Street _____ City _____ State _____ Zip _____				
	Sex	Date of Birth	Citizenship	Social Security Number	Daytime Telephone (    )
<b>5. OWNER OF ANNUITY</b>	Name: _____ Tax ID _____				
	Address: Street _____ City _____ State _____ Zip _____				
	The Owner is: <input type="checkbox"/> Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee				
<b>PLAN APPLIED FOR AND SCHEDULE OF PAYMENTS:</b>					
Amount paid with this application: \$ _____ Valuable Consideration				<input type="checkbox"/> Check if additional sheet attached.	
Does the Measuring Life, or Joint Measuring Life, if any, have existing life insurance or annuity contracts with the company or any other company? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Will the annuity applied for replace or be in exchange for any existing life insurance or annuity in this or any other Company? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give company, amount, year issued and reason _____ _____					

## REPRESENTATIONS

**Mutual Representations.** The Company and the Owner each represent and warrant to the other as follows:

1. The Company and the Owner each have the power to enter into the contract and to consummate the transactions contemplated hereby;
2. This contract is a valid and binding obligation of each party in accordance with the terms of the contract, subject to applicable bankruptcy, insolvency and similar laws affecting creditors' rights, and subject as to enforceability to general principles of equity, regardless of whether enforcement is sought in a proceeding in equity or at law;
3. The execution of this contract, and delivery and performance of this contract by each party does not and will not (a) conflict with or result in a default under any agreement to which it is a party, or (b) violate any law, regulation, order, license, decree or judgment by which it is bound;
4. In performing its obligations hereunder the Company is not acting as a fiduciary, agent or other representative for the Owner, Payee or anyone else. All representations and warranties made the Owner, whether on behalf of itself or on behalf of Payee, and the Company in the contract shall be considered to have been relied upon by the other in connection with the execution hereof; and
5. The Company and the Owner intend that the jurisdiction governing this contract is New York. Each party will notify the other promptly of the occurrence of any event that would cause any of the representations and warranties contained in this contract or in any document, instrument or certificate delivered in connection herewith to be untrue or inaccurate in any material respect.

I have read the above statements or they have been read to me. I represent the above statements are true and complete to the best of my knowledge and belief. I agree that this application shall be part of the annuity contract(s) issued by the The United States Life Insurance Company in the City of New York. Application is made with the knowledge and consent of the proposed measuring life(s).

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City State Date

\_\_\_\_\_  
Owner by X \_\_\_\_\_  
Signature of Owner

**FOR AGENT USE ONLY:** I represent that the information given on this application is true and complete to the best of my knowledge and belief. To the best of your knowledge, is this insurance being purchased to replace or change any existing insurance or annuity? Yes ☐ No ☐

\_\_\_\_\_  
Signature of Agent Agent or Company Name

\_\_\_\_\_  
Agent or Company No. Telephone No.